



## Your Final Wishes Planning Guide

Preplanning your final service is the greatest gift you can give to your loved ones. By taking the time today to preplan you are:

1. Relieving your loved ones of the emotional burden of planning your service.
2. Personally selecting and planning the type of service you want to have.
3. Relieving the financial burden “emotional overspending” can cause at the time of death.

Remember, a final service is not a day in a lifetime, but a lifetime in a day.



**ARBOR SOCIETY**  
simple, dignified and affordable final services

### Vital Statistical Information

First Name:	MI:	Last Name:	Nickname:
Address:			
City:	State:	Zip:	
Telephone: (     )	Social Security: /     /		
Date of Birth:	Place of Birth:		
Education:	Ethnicity:	Sex: <b>Female</b>	<input type="checkbox"/>
		<b>Male</b>	<input type="checkbox"/>
Usual Occupation:	Industry:		
Religious Affiliation:	Place of Worship:		
Email Address:			

**Notify the Following** at once to assist with Final Services:

Full Name:	Relationship:
Telephone: (     )	City/State:

### Veteran s & Service Information:

Veteran: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Military Branch:	Rank:
Enlistment Date:	Discharge Date:	Service Number:
Dates of Active Duty & Wartime:		
Flag Displayed: <b>Folded</b> <input type="checkbox"/> <b>Draped</b> <input type="checkbox"/>	Flag Presented to:	



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### Family Information:

Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
Spouse's First Name:	Spouse's Last/Maiden:
Father's First Name:	Father's Last:
Mother's First Name:	Mother's Last/Maiden:
Child's Full Name:	Child's Full Name:
Child's Full Name:	Child's Full Name:
Child's Full Name:	Child's Full Name:
Additional Children's Names:	

### Relatives & Friends:

Name:	Relationship:	
Telephone: ( )	City:	State:
Name:	Relationship:	
Telephone: ( )	City:	State:
Name:	Relationship:	
Telephone: ( )	City:	State:
Name:	Relationship:	
Telephone: ( )	City:	State:

### Relatives & Friends (continued):

Name:	Relationship:	
Telephone: ( )	City:	State:
Additional Relatives & Friends:		

### Disposition of Remains:

Cremation <input type="checkbox"/> Burial <input type="checkbox"/>		Service Package: Basic <input type="checkbox"/> Memorial <input type="checkbox"/> Heritage <input type="checkbox"/>	
<b>Cremation</b>	<b>Type:</b>	<b>Name:</b>	
	Urn <input type="checkbox"/>		
	Urn Vault <input type="checkbox"/>		
	Niche <input type="checkbox"/>		
<b>Burial</b>	<b>Type:</b>	<b>Name:</b>	
	Casket		
	Vault		
Do you own your Cemetery Property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cemetery Name:		City/State	
Section:	Space:	Lot:	Vault Owned? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own your Marker? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Marker Instruction (verbiage, style, etc...):			



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**Memorial Instructions:**

Do you want any Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Officiant's Name:
Wake Service/Visitation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:
Memorial Service:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:
Funeral Service:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:
Committal Service:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:
Obituary:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Newspaper(s):
Pallbearer:		Pallbearer:
Pallbearer:		Pallbearer:
Pallbearer:		Pallbearer:
Additional Pallbearers to be selected by:		
Scripture/Literature Selections:		
Music Selections:		
Specific Requests/Instructions to be Performed:		
Memorial Contributions to:		
Flowers:		
Casket: Open <input type="checkbox"/> Closed <input type="checkbox"/>	Glasses to be Worn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Clothing Selections:		
Jewelry Selections:		

**Important Legal & Financial Information:**

Do you have a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attorney / POA:
Executor of your Estate:		
<b>Insurance:</b>		
Company:		Policy #:
Company:		Policy #:
<b>Banking:</b>		
Bank Name:		Account Type(s):
Bank Name:		Account Type(s):
<b>Investments:</b>		
Company:		Account Type(s):
Company:		Account Type(s):
Location of Important Documents:		

**\$35 Membership Dues - Payment Options:**

Credit Card:	Check made payable to Arbor Society: <input type="checkbox"/>
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>	(include when mailing this form)
Name on Credit Card Account:	Account #:
Exp. Date: /	
Cardholder Signature:	
Mail completed form to:	<b>Arbor Society</b> <b>2819 South 125<sup>th</sup> Avenue, Suite 368</b> <b>Omaha, NE 68144</b>

- Please send me a copy of the Arbor Society's General Price List.
- Please send me information on how I can prepay my Final Wishes at today's prices.