

# Final Wishes Plan

# Providing guidance to family members and friends.



# **Alaska Baptist Foundation**

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## PERSONAL INFORMATION

Full Name:
Social Security Number:
Address:
City:
State:Zip Code:
Country:
Country:  Date of Birth://  Birthplace:Country:
Education: 1-12 College 1-4 or 5+
Degree(s) Earned:
Name/Location of Schools Attended:
Occupation:
Name/Address of Employer:
Military Service: Yes No Branch: a copy of military discharge paper (DD214) is necessary to receive benefits
Serial Number:
Dates of Service:

Length of Residence in State		
Achievements:		
Awards:		
Memberships:	ptist	Fou
26		132
Name of Father	7	7.
Birthplace :	-	2
City:	_ State:	Country:
Maiden Name of Mother:		5
Birthplace:		5
City:	State:	
Name of Spouse:		
Birthplace :		
City:	State:	_ Country:
Wedding date:/		_

## **MY ESTATE**

Executo	or:
Copy of	the Will: Yes No
	Location:
	FAMILY MEMBERS TO BE NOTIFIED
Next of	Kin:
	Relationship/s:
	Phone/s:
Name:	paptist For
	Relationship/s:
	Phone/s
Name:	2 E
	Relationship/s:
	Phone/s:
Name:	
	Relationship/s:
	Phone/s:
Name:	Wills
	Relationship/s:
	Phone/s:
Name:	
	Relationship/s:
	Phono/c·

Name:			
	Relationship/s:		
	Phone/s:		
Name:			
	Relationship/s:		
	Phone/s:		
Name:			
	Relationship/s:	tict D	
	Phone/s:	ptist For	
	V.D.	47	
Name:	1	3	
	Relationship/s:		
	Phone/s:		
Name:	V		
	Relationship/s:		
	Phone/s:	5	
Name:	3	15	
	Relationship/s:		
	Phone/s:	Wills	
	11101107.01		
Name:			
	Relationship/s:		
	Phone/s:		
Name:			
	Relationship/s:		
	Phone/s:		
	- 110110/D.		

#### FRIENDS AND ASSOCIATES TO BE NOTIFIED

Name:			
	Relationship/s:		
	Phone/s:		
Name:			
	Relationship/s:		
	Phone/s:		
Name:	0	aptist For	
	Relationship/s:	12	2
	Phone/s:		2
Name:	la la		110
	Relationship/s:		3
	Phone/s:		
Name:	0		S
	Relationship/s:		20
	Phone/s:	TAZOTI - TV	
Name:		Wills	
	Relationship/s:		
	Phone/s:		
Name:			
	Relationship/s:		
	Phone/s:		

# MY CHURCH

Church Name:
Address:
City:, State: Zip:
Phone:
E-mail:
Pastor(s):
Minister of Music/ Worship Leader:  FUNERAL PREFERENCES
Funeral Home/Crematorium:
Director: Phone:
Address:
Wake or Prayer Service: Yes No;  Details:
Location:
Officiant:
Location of funeral/memorial service:  If service is to be at the church, is the church able (space <u>and</u> calendar) to hold the service in the sanctuary?
Officiant:
Type of service:
Open casket: Yes No
OR Cremation remains present: Yes No

#### SERVICE DETAILS

Soloist(s):
Instruments/Instrumentalists:
Musical Selections:
aprisi For
43
Vr. S.
5
Readings/religious passages:
7
Flowers (colors and type):
Memorial donations, in lieu of flowers, may be made to:
Name:
Address:
City:
State Zip
Eulogy by:
Notations for Eulogy:

Pictures or photo album:
PowerPoint presentation:
Location of finished product:
Person to operate:
If unfinished:
Person to create presentation:
Slides to use:
Bapusi For
22
W. S.
3
Memorial card: Yes No Instructions:
Meliotiai card. 165 No Histractions
Participating Organizations
Military:
Fraternal:
Maile
VIIIS
Veteran's Flag: Yes No
Draped on casket: Yes No
Folded and Presented to:

#### SAMPLE ORDERS OF SERVICE

Loop PowerPoint Presentation as people arrive
Opening Remarks
Congregational Song
Prayer
Eulogy
Musical Selection: solo
Address
Address  Musical Selection: solo  Prayer  Spontaneous Romembraneos from Attendoos
Spontaneous Remembrances from Attendees
Congregational Song
Benediction
രുഷ്യാതരുക്കാരുക്കായുക്കായുക്കായുക്കായുക്കായുക്ക
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Invocation
Invocation Opening remarks
Invocation Opening remarks Musical Selection: solo
Invocation Opening remarks Musical Selection: solo Eulogy
Invocation Opening remarks Musical Selection: solo Eulogy Remembrances: Designated Persons
Invocation Opening remarks Musical Selection: solo Eulogy Remembrances: Designated Persons Congregational Song PowerPoint Presentation Background music: soloist, instrumentalist or pre-recorded
Invocation Opening remarks Musical Selection: solo Eulogy Remembrances: Designated Persons Congregational Song PowerPoint Presentation Background music: soloist, instrumentalist or pre-recorded Prayer

#### PALLBEARERS TO BE CONTACTED

Name:_	
	Phone/s:
Name:_	
	Phone/s:
Name:_	
	Phone/s:
Name:_	Baptist For
	Phone/s:
Name:_	5 2
	Phone/s:
Name:_	7 3
	Phone/s:
Name:_	13: /x²/
	Phone/s:
Name:_	Wills
	Phone/s:
Name:_	
	Phone/s:
Name:	
_	Phonole

### BURIAL

Type of Casket: Hardwood: Metal: Cremation Urn:
Other:
Type of Vault:
Cemetery:
Address:
Phone:
Plot or crypt purchased: Yes NoSt
Number of Spaces: Which space is to be used?
Type of burial: Earth burial Crypt or Mausoleum Other
Person to whom interment rights are deeded:
Location of deed:
If no burial plot is arranged, where is burial preferred?
Memorial:
Has memorial marker already been ordered/placed? Yes No  Upright monument: Memorial Plaque  Bronze Granite Other  Inscription to read
Opening and closing of property: Prepaid To be determined  Family present during closing of property? Yes No  Graveside Service: Yes No
If ground is frozen at time of death, will a graveside service be scheduled at time of interment when ground has thawed? Yes No

#### **PERSONAL**

Clothing Preference: from current wardrobe new
other:
Description/color:
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atist D
Personal Accessories:
642
Wedding band stay on or return to
wedding band stay on or return to
Eyeglasses stay on or return to
Other T
Other stays on or return to
stays on or return to
Other items to be placed with remains:
Other Items to be placed with remains.
11
Wills
OTHER
Out D
Other Props:

### **CREMATION**

Name of funeral home/cremation society:
Address:
City: State: Zip
Phone:
Urn: Bronze Wood Marble Other
Disposition of cremated remains:
Memorial Plaque inscription if applicable:
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VISITATION/VIEWING
Viewing location:
Funeral Home: Church: Other:
Viewing time:
Day/s before service:
Immediately prior to service:
Family to receive guests: prior to service following service
Location:
By invitation only or all attendees
Food:
sit-down meal finger foods desserts
Host/kitchen helpers:

### LOCATION OF VALUABLES

Birth Certificate:		
Marriage License:		
Military Discharge Papers (DD214):		
Will or Living Trust:		
Tax Returns:		
Vehicle Titles:		
Advance Directives:		
Property Deeds:		
Insurance Policies:		
House and car keys:		
Safety deposit box:		
Safety deposit box keys:		
Post office box key:		
Wallet, check book and credit cards:		
50		
Stock broker/investment firm:		
Bank Accounts: Vills		
Pre-written Obituary:		
Donor Card:		
Recent Photo:		
Other special items:		

#### **AGENCIES TO NOTIFY:**

Social Security Administration	Life Insurance Co
Retirement Plan	Financial Investment Firms
Bank(s)	Utility companies
Division of Motor Vehicles (titles)	Property Division (deeds)
Probate Count	

### REMARKS/SPECIAL INSTRUCTIONS/NOTES



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