

# PREARRANGEMENT INSTRUCTIONS

## FOR THE RECORD: A MEMORIAL GUIDE *FOR THE FAMILY AND FRIENDS OF*

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*Helping provide peace of mind for today's decision.*

Equity First  
*Financial Corp.*

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Agent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Here you can record information that will enable your family to handle your final affairs with your wishes in mind.

## PERSONAL INFORMATION

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Maiden Name \_\_\_\_\_

Veteran  Yes  No

Branch of Service \_\_\_\_\_

Serial No. \_\_\_\_\_

Rank \_\_\_\_\_

Date Entered Service \_\_\_\_\_

Date Discharged \_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_

His Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Her Maiden Name \_\_\_\_\_

Her Place of Birth \_\_\_\_\_

Children's Name & Birthplace \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FUNERAL REQUESTS

I Prefer:  Burial  Entombment  Cremation

Preferred Funeral Director \_\_\_\_\_

Service To Be Held  Church  Funeral Home  
 Other \_\_\_\_\_

If Church, Name \_\_\_\_\_

Clergy \_\_\_\_\_

Requested Pallbearers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Hymns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Requests:

Flowers \_\_\_\_\_

Contributions \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Cemetery Name \_\_\_\_\_

## KEY FAMILY MEMBERS TO CONTACT

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

## LEGAL AND FINANCIAL MATTERS

Executor of Estate \_\_\_\_\_

Attorney \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Life Insurance #1

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Life Insurance #2

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Life Insurance #3

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Credit Cards

Company/Acct. No. \_\_\_\_\_

Company/Acct. No. \_\_\_\_\_

Company/Acct. No. \_\_\_\_\_

Company/Acct. No. \_\_\_\_\_

Company/Acct. No. \_\_\_\_\_

Checking Accounts

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

Savings Accounts

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

IRA or Investment Account

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

Institution/Acct. No. \_\_\_\_\_

## LOCATION OF IMPORTANT PAPERS

Will and Testament \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Marriage Certificate \_\_\_\_\_

Stocks and Bonds \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_

Military Records \_\_\_\_\_

Savings Passbooks \_\_\_\_\_

Automobile Papers \_\_\_\_\_

Trust Fund Info. \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Homeowners Ins. \_\_\_\_\_

Mortgage Papers \_\_\_\_\_

Property Deeds \_\_\_\_\_

Income Tax Papers \_\_\_\_\_

## NOTARY

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_