

# *Family Planning Record*

*Provided as a public service by:*

**AARON Cremation & Burial Services**

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## ***Responsibilities of Reality***

Difficult as it is to accept, one of life's only certainties is that it ends...we are, however consoled in the belief that our spirit and memory will continue on.

A relatively modern problem facing many of us is the inability to accept death and face the responsibilities of reality. Individuals who fail to plan for the inevitable consequences of their own passing unintentionally force this burdens into their survivors.

## ***The Purpose of the Planning Record***

*Is to answer the Question ...*

***If you had a death in your family yesterday, what would you be doing today?***

Recording information on the following pages will assist your family in providing valuable information that will inevitably be required at a future time of need.

*Because I Love You ...*

Because I love you ... I want you to be spared. Spared from the unnecessary emotional and financial burden the preparations of my death could cause.

Because I love you ... I have carefully completed this Family Planning Record. You will find written on these pages, my wishes with regard to my final to my final arrangements. These arrangements have been made in advance hoping in some small way to help you through this time.

Because I love you ... all you need to do is provide this booklet to our Funeral Director. Everything will be handled based on my wishes.

Because I love you ... I have left additional information regarding my desires, thoughts and wishes. I hope they will answer many questions when I am gone.

Because I love you ... I hope that you will find my arrangements fulfilling. I hope that they will help you remember me with warm thoughts of the wonderful times we have spent together.

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Signature

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Date

## *Location of Important Papers And Vital Information*

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

### Safety Deposit Box

Location \_\_\_\_\_ Location of Keys \_\_\_\_\_

*Note: In most states, upon death, a decedent's safety deposit box cannot be entered until an executor or administrator has been appointed and a representative of the Inheritance Tax Department is present.*

Birth Certificates \_\_\_\_\_

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

Divorce Papers \_\_\_\_\_

Adoption Papers \_\_\_\_\_

Military Discharge \_\_\_\_\_

Deeds and Titles \_\_\_\_\_

Mortgages and Notes \_\_\_\_\_

Title Abstracts \_\_\_\_\_

Income Tax Records \_\_\_\_\_

Outstanding Contracts \_\_\_\_\_

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

Auto Title and Registration \_\_\_\_\_

List of Credit Cards \_\_\_\_\_

Anatomical Gift Papers \_\_\_\_\_

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

Address \_\_\_\_\_

Location of Deed \_\_\_\_\_

Other Documents \_\_\_\_\_

# Family Financial Status

*(We suggest this information be updated at least every FIVE years)*

<b>Assets - What you Own</b>	<b>19 __</b>	<b>19 __</b>	<b>19 __</b>
House	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Furniture and Equipment	\$ _____	\$ _____	\$ _____
Auto (trade in value)	\$ _____	\$ _____	\$ _____
Life Insurance (cash value)	\$ _____	\$ _____	\$ _____
Money in Bank Accounts -	\$ _____	\$ _____	\$ _____
Checking, Savings	\$ _____	\$ _____	\$ _____
Credit Union	\$ _____	\$ _____	\$ _____
Savings and Loan Association	\$ _____	\$ _____	\$ _____
Government Bonds	\$ _____	\$ _____	\$ _____
Cash on Hand	\$ _____	\$ _____	\$ _____
Stocks and Bonds	\$ _____	\$ _____	\$ _____
Money Owed Us	\$ _____	\$ _____	\$ _____
Other Assets, (jewelry, books	\$ _____	\$ _____	\$ _____
Coin or stamp Collection, etc.)	\$ _____	\$ _____	\$ _____
<b>TOTAL OWNED</b>	\$ _____	\$ _____	\$ _____
<b>Liabilities – What you Owe</b>			
Mortgages on Real Estate	\$ _____	\$ _____	\$ _____
Installments Unpaid	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Unpaid Bills	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Past Due Taxes, Rent, Interest	\$ _____	\$ _____	\$ _____
Amount Borrowed on Life Insurance	\$ _____	\$ _____	\$ _____
Other Bills	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL OWED</b>	\$ _____	\$ _____	\$ _____
<b>NET WORTH</b>			
(Total Owned Minus Total Owed)	\$ _____	\$ _____	\$ _____

## *Your Will*

Do you have one? Your financial “worth” has little to do with your need for this important document. A will provides for any orderly transition of property – even those items of a personal nature that may have only “sentimental value,” can usually be passed on basis of your wishes.

If you don’t have a Will and die, most states have laws governing who and how your assets will be handled. This includes financial matters as well as assignment of guardians for your children.

Your will should be reviewed every few years to take advantage of any changes which may occur in the tax law. Upon your death, your Will must be probated and your estate administered. Wills are very important and while they necessarily do not have to be difficult, we recommend that you seek professional assistance in this area.

Location of Will \_\_\_\_\_

Executor / Administrator \_\_\_\_\_

Address \_\_\_\_\_  
City State Phone Number

## *Memorialization*

Memorialization is simply a way to be remembered. Man has always sought to perpetuate his memory – to evidence a life rich in accomplishment and enjoyment. Religious teachings place a reverence on the human body which does no end in death. This belief is fostered in our cemeteries, national monuments and in our heritage.

Individual memorialization takes many forms and is based on ones own beliefs, as well as financial conditions. Alternative methods of burial usually determine the type of memorial a family will select. Many cemeteries offer the following options:

### **IN-GROUND BURIAL**

Upright Markers

Flush Markers

Bronze

Granite

### **MAUSOLEUM**

Crypt Lettering

Bronze

Inscribed

### **CREMATION**

Mausoleum Niches

Glass Front

Granite Front

In-Ground Burial

**ART FEATURES:** Mausoleum and cemeteries often incorporate various types of artwork in their design which are made available for donation by individuals; examples include stained glass windows, pictures and sculptures. Personal donations of family heirlooms, paintings or even personal works of art all service to provide a special memorial that can be admired and appreciated by all.

**LIVING MEMORIALS:** This simple act of planting a tree can be a most fitting way to remember a loved one. Many cemeteries and parks welcome these gifts when consulted.

# Family History and Reference Guide

## Husband

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day/Month/Year City State County

State Residence \_\_\_\_\_ Previous Residence \_\_\_\_\_  
Month/Year City State Year

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_ Years Employed \_\_\_\_\_

Prior Employment \_\_\_\_\_

Education Level \_\_\_\_\_

Clubs, Lodges \_\_\_\_\_

Civic Activities, Citations, Awards \_\_\_\_\_

Military Service \_\_\_\_\_  
Branch Rank Serial Number

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_ Date Married \_\_\_\_\_  
(Never Married, Married, Divorced, Widowed)

Mother's Maiden Name \_\_\_\_\_  
Birthplace Date

Father's Name \_\_\_\_\_  
Birthplace Date

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## Wife

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day/Month/Year City State County

State Residence \_\_\_\_\_ Previous Residence \_\_\_\_\_  
Month/Year City State Year

Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_ Years Employed \_\_\_\_\_

Prior Employment \_\_\_\_\_

Education Level \_\_\_\_\_

Clubs, Lodges \_\_\_\_\_

Civic Activities, Citations, Awards \_\_\_\_\_

Military Service \_\_\_\_\_  
Branch Rank Serial Number

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_ Date Married \_\_\_\_\_  
(Never Married, Married, Divorced, Widowed)

Mother's Maiden Name \_\_\_\_\_  
Birthplace Date

Father's Name \_\_\_\_\_  
Birthplace Date

## *Social Security Benefits*

A surviving spouse often has claim to both monthly support payments as well as certain death benefits. In addition, benefits may be permitted for children under 18 years of age. These benefits are NOT AUTOMATIC and must be claimed by contacting your nearest office listed in the telephone book under United States Government – Health, Education, and Welfare Department – Social Security Administration. When making a claim, be sure to request a list of the documents you will be required to produce in order to avoid time delays.

An annual check with the Social Security Administration is recommended to insure that the proper amounts from your paychecks are being credited to your account. To obtain your Statement of Earnings record simply drop them a postcard stating the nature of your request, name, address, Social Security Number, date of birth, and signature.

### Nearest Social Security Office

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Address

Telephone

## *Veterans Benefits*

While Veterans benefits and allowances change periodically, it is important that you are aware of the benefits you are entitled to and the proper procedure for claiming them.

We suggest you contact your local Veterans Administration Office listed in the telephone book under United States Government - Veterans Administration, at time of death. These benefits are NOT AUTOMATICALLY PAID and must be claimed following proper procedures to receive the applicable benefits at the time.

### Nearest Veterans Administration Office

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Address

Telephone

# Whom To Contact

## *Husband*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**\* Indicate People Perhaps You Would Like To Have As Pallbearers.**

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## *Wife*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**\* Indicate People Perhaps You Would Like To Have As Pallbearers.**

# *Insurance Policies*

Date Completed \_\_\_\_\_

<i>Company and Local Address</i>	<i>Policy Number</i>	<i>Type</i>	<i>Named Insured</i>	<i>Amount</i>	<i>Beneficiary</i>	<i>Location of Policy</i>

Type:   L = Life                  H = Health                  A = Accident                  P = Property

***Items to Remember:***

*Insurance claims are not automatic – make others aware of your policies*

*Certified copy of Death Certificate is required for claim*

*Annual review of policies and beneficiaries is recommended to avoid possible problems*

*Provide a duplicate of this page to someone out of your home*



# Memorial Instructions

## Husband

Place of Service  at AARON  at Church  at Graveside  Other

Church Denomination \_\_\_\_\_ Name of Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please Contact:  Minister  Priest  Rabbi  Other

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Participating Organization (Military or Fraternal) \_\_\_\_\_

Type of Service:  Private  Public  Chapel  Church

Casket \_\_\_\_\_ Metal, Wood \_\_\_\_\_ Color (exterior) \_\_\_\_\_ Color & Material (interior) \_\_\_\_\_

Flag  yes or no \_\_\_\_\_ Fold, Place in Head of Casket \_\_\_\_\_ To Drape Casket \_\_\_\_\_

Flowers: \_\_\_\_\_

Organist:  Yes Selections: \_\_\_\_\_  
 No

Soloist:  Yes Selections: \_\_\_\_\_  
 No

Recorded  Yes Selections: \_\_\_\_\_  
 No

Clothing:  To be used from Current Wardrobe  New  Other  
Obituary  Yes  No  
Newspapers: \_\_\_\_\_

Jewelry: List \_\_\_\_\_  
 Take off and Return to: \_\_\_\_\_  
 Leave on

Name of Cemetery \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pre-Arranged  Yes Property Description: \_\_\_\_\_  
 No Crypt/Space# \_\_\_\_\_ Tier or Lot \_\_\_\_\_ Mausoleum or Lawn \_\_\_\_\_

Vault (Outer Burial Container) \_\_\_\_\_

Marker/Headstone \_\_\_\_\_  
Granite/Bronze \_\_\_\_\_ Size \_\_\_\_\_ Emblem/Poem \_\_\_\_\_  
Inscription \_\_\_\_\_

Special Instruction: \_\_\_\_\_

These are my instructions: \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

# Memorial Instructions

## Wife

Place of Service  at AARON  at Church  at Graveside  Other

Church Denomination \_\_\_\_\_ Name of Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please Contact:  Minister  Priest  Rabbi  Other

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Participating Organization (Military or Fraternal) \_\_\_\_\_

Type of Service:  Private  Public  Chapel  Church

Casket \_\_\_\_\_ Metal, Wood \_\_\_\_\_ Color (exterior) \_\_\_\_\_ Color & Material (interior) \_\_\_\_\_

Flag \_\_\_\_\_ yes or no \_\_\_\_\_ Fold, Place in Head of Casket \_\_\_\_\_ To Drape Casket \_\_\_\_\_

Flowers: \_\_\_\_\_

Organist:  Yes Selections: \_\_\_\_\_  
 No

Soloist:  Yes Selections: \_\_\_\_\_  
 No

Recorded  Yes Selections: \_\_\_\_\_  
 No

Clothing:  To be used from Current Wardrobe  New  Other  
Obituary  Yes  No  
Newspapers: \_\_\_\_\_

Jewelry: List \_\_\_\_\_  
 Take off and Return to: \_\_\_\_\_  
 Leave on

Name of Cemetery \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pre-Arranged  Yes Property Description: \_\_\_\_\_  
 No Crypt/Space# \_\_\_\_\_ Tier or Lot \_\_\_\_\_ Mausoleum or Lawn \_\_\_\_\_

Vault (Outer Burial Container) \_\_\_\_\_

Marker/Headstone \_\_\_\_\_  
Granite/Bronze \_\_\_\_\_ Size \_\_\_\_\_ Emblem/Poem \_\_\_\_\_

Inscription \_\_\_\_\_

Special Instruction: \_\_\_\_\_

These are my instructions: \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

# ***Checklist of What Must Be Done on the Most Difficult Day of One's Life ...***

*Many of these can be planned ahead of time !*

*Notify:*

Doctor or Coroner  
Funeral Director  
Cemetery or Memorial Park  
Relatives and Friends  
Minister and Church  
Employers  
Organist and Singer  
Pallbearers  
Insurance Agents  
Unions and Fraternal  
    Organizations  
Newspapers  
Executor of Estate

*Select:*

- Cemetery Property
- Casket
- Vault
- Clothing
- Flowers
- Music
- Food
- Furniture
- Time
- Place
- Transportation
- Cards of Thanks

*Items That Must  
Be Paid in Whole  
or in Part:*

Doctor/Nurse  
Hospital  
Medicine and Drugs

- Funeral Director
- Cemetery and Services
- Minister
- Organist
- Florist

Clothing

- Transportation

Telephone and Telegraph  
Food

- Memorials

● *items which may be pre-paid or planned ahead of time by AARON Cremation and Burial Services*



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