



Family Planning Record

Provided as a public service by:

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Family Planning Record

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. d them.

Signature **SIGN**

Date **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)

Assets - What you Own	20 _____	20 _____	20 _____
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.)	\$ _____	\$ _____	\$ _____
 TOTAL OWNED	 \$ _____	 \$ _____	 \$ _____
 Liabilities – What you Owe			
Mortgages on Real Estate	\$ _____	\$ _____	\$ _____
Installments Unpaid	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Unpaid Bills	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Past Due Taxes, Rent, Interest	\$ _____	\$ _____	\$ _____
Amount Borrowed on Life Insurance	\$ _____	\$ _____	\$ _____
Other Bills	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
 TOTAL OWED	 \$ _____	 \$ _____	 \$ _____
 NET WORTH			
(Total Owned Minus Total Owed)	\$ _____	\$ _____	\$ _____

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

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

Benefits



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

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

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 _____

NOTE: Indicate People Perhaps You Would Like To Have As Pallbearers.

Wife

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 _____

NOTE: Indicate People Perhaps You Would Like To Have As Pallbearers.

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:	Select:	Items That Must Be Paid in Whole or in Part:
Doctor or Coroner	Cemetery Property	Doctor/Nurse
Funeral Director	Casket	Hospital
Cemetery or Memorial Park	Vault	Medicine and Drugs
Relatives and Friends	Clothing	Funeral Director
Minister and Church	Flowers	Cemetery and Services
Employers	Music	Minister
Organist and Singer	Food	Organist
Pallbearers	Furniture	Florist
Insurance Agents	Time	Clothing
Unions and Fraternal Organizations	Place	Transportation
Newspapers	Transportation	Telephone and Telegraph
Executor of Estate	Cards of Thanks	Food
		Memorials

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

Notify:	Select:	Items That Must Be Paid in Whole or in Part:
	<ul style="list-style-type: none"> • Cemetery Property • Casket • Vault • Clothing • Flowers • Music • Place • Transportation • Cards of Thanks 	<ul style="list-style-type: none"> • Funeral Director • Cemetery and Services • Minister • Organist • Florist • Transportation • Memorials



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