



Personal Records and Final Arrangements Guide

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Personal Records and Final Arrangements Guide

Completing this guide will provide an invaluable resource to your family at a difficult time and clarify your wishes for final arrangements. Once completed, please make a copy for your family, your advisors and your accessible financial records.

Your Legal Name

Date of Birth

Birth Place

Spouse (Legal name)

Date of Birth

Birth Place

Home Address

City

State

Zip

Years at address

Purchase Date and Price

Home Telephone

E-mail

Date and Place of marriage

If widowed, give full name of spouse and date and place of death

If divorced and former spouse is still living, give name, address and phone

Name and birthplace of father (address and phone, if still living): _____

Name and birthplace of mother, including maiden name (address and phone, if still living): _____

Name and date of birth of each child (address and phone, if living):

Name of each brother and sister (address and phone, if living):

Name, address and phone number of other significant friends or relatives: _____

Name, address and phone of clergy or rabbi: _____

Church or temple affiliation: _____

Educational background: _____

Schools and Universities: _____

Occupation, past positions of employment or resume:

Membership in clubs and organizations: (Check groups to be notified):

Honors and Awards received: _____

If you are a veteran, please complete the following:

Location of Discharge Papers – DD214 _____

Rank or rating: _____

Organization or outfit: _____

Commendations received: _____

Location of home financial files, original wills or trusts: _____

Location of past tax returns, birth certificates, passport: _____

Location of computer passwords, files, financial programs: _____

Location, address and deeds of additional real estate: _____

Mortgage, home equity lines or outstanding debt and institutions: _____

Credit cards: _____

Safe deposit box, home safe, extra house and car keys: _____

Financial advisors, attorney and CPA names and phone numbers: _____

Checking and Savings Institutions: _____

Stock and Mutual Fund Companies: _____

Pensions, Annuities and IRA's – Address/person to contact:

Qualified retirement plans and pensions: _____

Life Insurance policies and locations: _____

Copies of beneficiary designations for insurance and IRA's: _____

Retiree Insurance and pension benefits: _____

Medicare and supplement insurance info: _____

Social Security Benefits: _____

FUNERAL ARRANGEMENTS AND RELATED INFORMATION:

Name, address and phone of funeral director you desire: _____

If any pre-arrangements have been made, please indicate: _____

Do you wish to be cremated and, if so, what do you wish to have done with your ashes:

Location of cemetery plot and lot number: _____

Location of Cemetery Deed: _____

If you do not wish to use presently owned cemetery plot (or do not have one), where do you wish to be buried:

What inscription do you wish on your grave marker: _____

Instructions concerning selection of casket and vault: _____

List anything special you wish to wear or have buried with you: _____

Is the service, if you wish one, to be a Memorial Service: _____

Funeral Service: _____ Public: _____ Private: _____

Place of service: _____

Funeral Home: _____

Other: _____

Special requests for the service: hymns, other music, readings, scripture readings, speaker:

Kinds and colors of flowers: _____

Name, address and phone of persons you would like to have as pallbearers:

SPECIFIC OBITUARY INFORMATION

Do you wish flowers to be sent: Yes_____ No_____

Do you wish donations made in your memory: Yes_____ No_____

To what charity: _____

Address: _____

Anything special you wish to have placed (or not placed) in your obituary:

Newspapers in which your obituary is to be placed: _____

Any additional information or other personal desires which you would like your family, relatives, or friends to know: _____
