



# 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.

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Your Legal Name

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Date of Birth

Birth Place

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Spouse (Legal name)

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Date of Birth

Birth Place

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Home Address

City

State

Zip

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Years at address

Purchase Date and Price

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Home Telephone

E-mail

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Date and Place of marriage

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

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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:

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Kinds and colors of flowers: \_\_\_\_\_

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

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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:

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Newspapers in which your obituary is to be placed: \_\_\_\_\_

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

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