

Personal Planning Guide

For: _____

My reasons for
planning ahead: _____



Reassurance
Acceptance
Responsibility

THINKING AHEADSM **FORE
THOUGHT[®]**

Vital information

PERSONAL INFORMATION

Gender (Check one) M F

First name Middle Last

Social Security number Date of birth Birthplace (City, County, State)

Current address City State Zip

Phone number Daytime phone Email address

Marital status (Check one) Single Married Widowed Divorced

Race/nationality

Spouse's full maiden name Marriage date Place Date of death

_____ Deceased (Check one) Y N

Father's name

_____ Deceased (Check one) Y N

Mother's maiden name

PROFESSIONAL HISTORY

Lifetime occupation Industry Employer

Position held/Job title Number of years with employer Retired (Check one) Y N

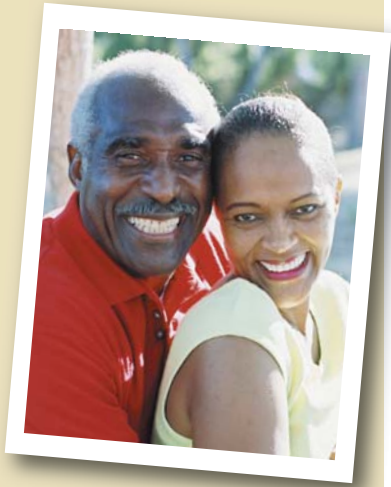
EDUCATION

Education level completed

High School attended City State Year of graduation

College attended City State Year of graduation

Degree(s) received



Responsibility...to those I love

MILITARY RECORDS

Veteran (Check one) Y N

Branch of Military Rank Service number

Enlistment date Discharge date

Discharge papers enclosed (Check one) Y N

COMMUNITY AFFILIATIONS

Lodges, memberships & public offices held

Church (name, denomination, involvement)

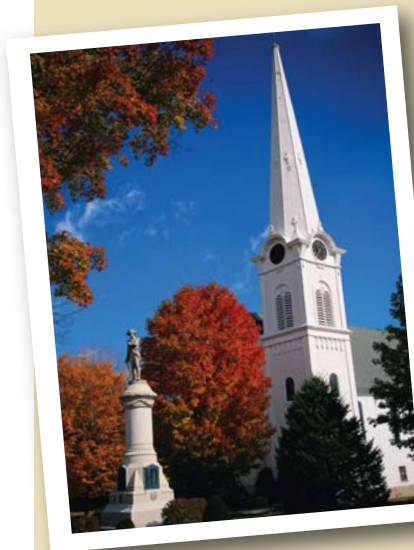
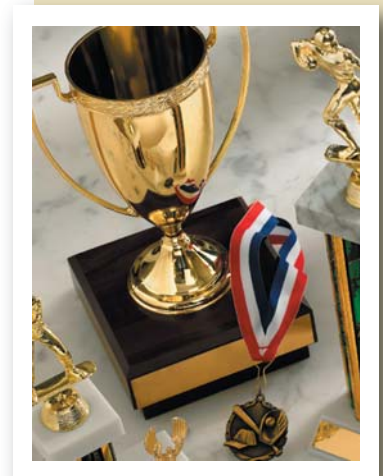
Awards & certifications

OBITUARY INFORMATION

Local newspaper name (Funeral Home will notify) _____

Other newspapers (include name of newspaper, city, state) _____

Picture enclosed (Check one) Y N



Family record

FAMILY INFORMATION

Name

Address

Phone

Spouse/
loved one _____

Father _____

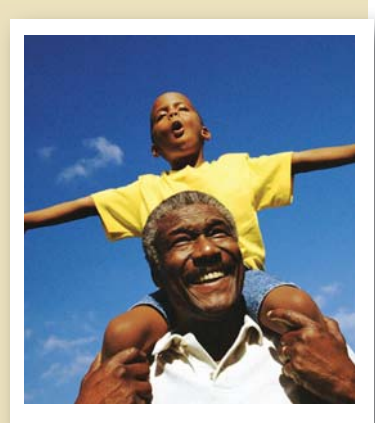
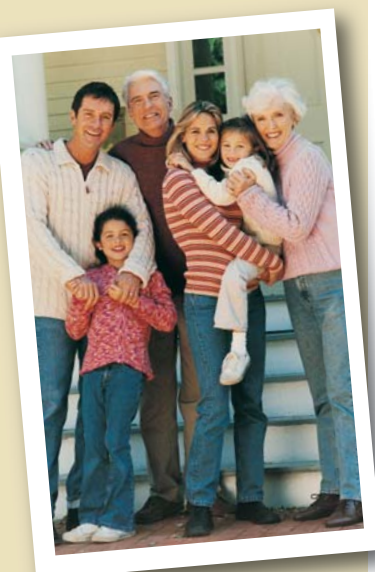
Mother _____

Children _____

Siblings _____

Grandchildren/
Great-Grandchildren _____

Others _____



Responsibility...to those I love

PRECEDED IN DEATH

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



LOCAL CONTACTS TO BE NOTIFIED AT THE TIME OF DEATH

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____



IMPORTANT LEGAL INFORMATION FOR FAMILY USE

Insurance (include company name, policy #, type and amount) _____

Attorney's name _____ Safe deposit box at _____

Executor of Estate _____
Address _____ Phone _____

Do you have a will? (Check one) Y N Location of Will _____

Any additional pertinent information _____



My Celebration of Life Details

FUNERAL SERVICE SELECTIONS

Funeral Home _____ Location/City _____

Service location _____ Service type _____ Officiant name _____

Cemetery _____ Location/City _____ Section lot _____

Property Purchased (Check one) Y N Marker purchased (Check one) Y N

Casket/Urn _____ Outer container _____

Memorial package selection _____

SPECIAL INSTRUCTIONS

Music selections

Number _____ Vocalist name and phone _____ Organist name and phone _____

Number _____ Vocalist name and phone _____ Organist name and phone _____

Special readings

(Scripture/Poetry/Quotations/Etc.) _____ Reader's name _____ Phone _____

(Scripture/Poetry/Quotations/Etc.) _____ Reader's name _____ Phone _____

Flower requests _____

Personal instructions

Clothing _____

Jewelry _____ Jewelry returned (Check one) Y N

Glasses worn (Check one) Y N Glasses returned (Check one) Y N

Religious items _____

Other _____



PARTICIPATING ORGANIZATIONS (FRATERNAL/MILITARY)

PALL BEARER'S NAMES

MEMORIAL CONTRIBUTION DESIGNATION

Organization name _____ City/State _____

Organization name _____ City/State _____

ADDITIONAL INFORMATION

Authorization

I, _____, have given the preceding information to be filed in the funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.

Authorized by _____

Date _____



Compliments of:

Forethought Life Insurance Company

Administrative office
One Forethought Center
Batesville, IN 47006

Phone: 1-800-331-8853

Email: ask_us@forethought.com
www.forethought.com

THINKING AHEADSM FORE
THOUGHT[®]