

# MY WISHES RECORD KEEPER



UC8164\_0714

## To My Family

My goal is to make it easy as possible for you at what is probably a difficult time. I know you have many decisions to make on my behalf and I hope this information will help.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## About Me

This is information about me that will help you in locating records and in writing an obituary.

### Full Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

### Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ At this address since (date): \_\_\_\_\_

### Birth

City: \_\_\_\_\_ State: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country: \_\_\_\_\_

### Work

Occupation: \_\_\_\_\_

Date retired: \_\_\_\_\_ Employer(s): \_\_\_\_\_

Retirement benefits from previous employer?: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

### Marital Status

\_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Birth name (if different): \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

### Parents

Father's name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Mother's birth name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

### Military Record:

Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Rank: \_\_\_\_\_

Date and place of induction: \_\_\_\_\_

Date and place of discharge: \_\_\_\_\_

**Education**

<i>Institution(s)</i>	<i>Year(s)</i>	<i>Degrees Earned</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Clubs and Organizations:** \_\_\_\_\_  
 \_\_\_\_\_

**Social Media**

<i>Social Media Platform</i>	<i>Login</i>	<i>Password</i>
_____	_____	_____
_____	_____	_____

**Digital Assets**

Hardware: \_\_\_\_\_

Online Accounts: \_\_\_\_\_

Information or Data (photos, music, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Domain Names: \_\_\_\_\_

**People to Contact**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_



## My Advisors

The people I sought for advice on important matters and their contact information.

<i>Name</i>	<i>Phone</i>
<i>Attorney:</i> _____	_____
<i>Accountant:</i> _____	_____
<i>Financial Advisor:</i> _____	_____
<i>Insurance Agent:</i> _____	_____
<i>Physician:</i> _____	_____
<i>Employer Benefits:</i> _____	_____
<i>Other:</i> _____	_____



## My Finances

Information about some of my financial dealings.

### **Banking**

*Checking Account(s):* \_\_\_\_\_

*Institution(s):* \_\_\_\_\_

*Savings Account(s):* \_\_\_\_\_

*Institution(s):* \_\_\_\_\_

### **Investments**

*Investment Type:* \_\_\_\_\_

*Account or Certificate Number:* \_\_\_\_\_

*Investment Type:* \_\_\_\_\_

*Account or Certificate Number:* \_\_\_\_\_

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*Account or Certificate Number:* \_\_\_\_\_

*Investment Type:* \_\_\_\_\_

*Account or Certificate Number:* \_\_\_\_\_

**Credit Cards**

*Institution:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

*Institution:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

*Institution:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

**Loan**

*Institution:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

*Institution:* \_\_\_\_\_

*Account Number:* \_\_\_\_\_

**Real Estate**

*Owners:* \_\_\_\_\_

*Title Held as:* \_\_\_\_\_

*Purchase Price and Date:* \_\_\_\_\_

**Other Assets**

*Description:* \_\_\_\_\_

*Purchase Price and Date:* \_\_\_\_\_

*Location of Asset:* \_\_\_\_\_

**Insurance Coverages**

*Health:* \_\_\_\_\_

*Life:* \_\_\_\_\_

*Disability:* \_\_\_\_\_

*Critical Illness:* \_\_\_\_\_

*Property and Casualty:* \_\_\_\_\_

*Long-term Care:* \_\_\_\_\_

## My Important Documents

Location of the documents you may need to settle my affairs.

Safety Deposit Box Location: \_\_\_\_\_

Box Number \_\_\_\_\_ Location of Keys: \_\_\_\_\_

Will: \_\_\_\_\_

Living Will: \_\_\_\_\_

Medical Power of Attorney: \_\_\_\_\_

Financial Power of Attorney: \_\_\_\_\_

Trusts: \_\_\_\_\_

Social Security Card: \_\_\_\_\_

Military Records: \_\_\_\_\_

Insurance Cards: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

Pensions & Retirement Plans: \_\_\_\_\_

Income Tax Documents: \_\_\_\_\_

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

Property Deeds or Mortgages: \_\_\_\_\_

Bank Records: \_\_\_\_\_

Automobile Titles: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Marriage License: \_\_\_\_\_

Other: \_\_\_\_\_



## My Memorial Service

Here are my wishes for my memorial service and final resting place.

Funeral Home: \_\_\_\_\_

Pre-arrangements:  YES  NO

Type of Service: \_\_\_\_\_

Desired Location: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Clergyman or Officiant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Special Requests

Clothing: \_\_\_\_\_

\_\_\_\_\_

Viewing: \_\_\_\_\_

Eulogy: \_\_\_\_\_

\_\_\_\_\_

Music: \_\_\_\_\_

\_\_\_\_\_

Prayers or Readings: \_\_\_\_\_

\_\_\_\_\_

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

Donations: \_\_\_\_\_

Preferred Cemetery or Mausoleum: \_\_\_\_\_

Plot Purchased:  YES  NO

Location: \_\_\_\_\_

Headstone or Monument: \_\_\_\_\_

Inscription: \_\_\_\_\_

\_\_\_\_\_

Special Request Instructions: \_\_\_\_\_

\_\_\_\_\_



## One Last Wish

This is what I would like my family and friends to remember about me.

*My Early Life:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Hopes and Dreams:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Career:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Hobbies and Interests:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My Travels:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Favorite Places:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Greatest Accomplishments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Fondest Memories:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
*My Family History:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Thoughts and Instructions

Here are a few more things I'd like for you to know.

Lined writing area consisting of 15 horizontal lines.