



THE FUNERAL CONSUMERS ALLIANCE  
OF CENTRAL OHIO

**A LETTER TO MY FAMILY**

***In the event I should require emergent medical attention, become disabled, or die, I am providing this information to those who will be handling my affairs.***

My Full Legal Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security # \_\_\_\_\_

**Medical Information:**

Primary Physician Name: \_\_\_\_\_

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

Hospital where most records are located:  
\_\_\_\_\_

Medicare card Number \_\_\_\_\_ Location: \_\_\_\_\_

Secondary Insurance Info: \_\_\_\_\_

Major health conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

**ADVANCE DIRECTIVES:**

1. I **have** \_\_\_\_\_ **have not** \_\_\_\_\_ executed a **Durable Power of Attorney for Healthcare** and named: \_\_\_\_\_ Ph: \_\_\_\_\_

as the primary medical decision maker.

I have selected \_\_\_\_\_ Ph: \_\_\_\_\_

as the alternate medical decision maker.

The original document is located in \_\_\_\_\_

2. I **have** \_\_\_ **have not** \_\_\_ executed a **Directive to Physicians (Living Will)**. The original document is located in:

\_\_\_\_\_

**LEGAL INFORMATION:**

1. I **have** \_\_\_ **have not** \_\_\_ executed a **General Durable Power of Attorney**.

I have named \_\_\_\_\_ Ph: \_\_\_\_\_

to act on my behalf regarding my personal and financial affairs. The original document is located:

\_\_\_\_\_

2. I **have** \_\_\_ **have not** \_\_\_ executed a **Last Will & Testament**. The original Will is located:

\_\_\_\_\_

The person named as Personal Representative/executor is:

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

3. I **have** \_\_\_ **have not** \_\_\_ executed a **Community Property Agreement**. The original is located:

\_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**PERSONAL INFORMATION:**

1. AKA/Other names used: \_\_\_\_\_

2. Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

3. Birth Certificate located: \_\_\_\_\_

4. Citizenship: \_\_\_\_\_ Military Service? Yes \_\_\_ No \_\_\_

5. Military discharge papers location: \_\_\_\_\_

6. Legal Name of Spouse/Partner: \_\_\_\_\_

Location of paperwork regarding marriage, divorce or death of former spouse:

\_\_\_\_\_

Location of computer passwords: \_\_\_\_\_

**FINANCIAL INFORMATION: Checking/Savings Accounts:**

1. Bank# 1 : \_\_\_\_\_ Branch: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

Names on Account: \_\_\_\_\_

2. Bank# 2 : \_\_\_\_\_ Branch: \_\_\_\_\_

Account # \_\_\_\_\_ Phone: \_\_\_\_\_

Names on Account:

\_\_\_\_\_

Safety deposit box? **Yes** \_\_\_ **No.** \_\_\_ Located in Bank: \_\_\_\_\_

Individuals with named access:

\_\_\_\_\_

Location of key: \_\_\_\_\_

**Retirement Accounts:**

1. Location: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Roth, 401(k) etc): \_\_\_\_\_

2. Location: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (Roth, 401(k) etc): \_\_\_\_\_

**Investment Accounts:**

1. Brokerage Company# 1: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_

2. Brokerage Company# 2: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_

3. Location of Investment Records: \_\_\_\_\_

4. Pension Information: Name \_\_\_\_\_

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

5. Life Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

6. Other Insurance info: \_\_\_\_\_

7. Real Estate Owned \_\_\_\_\_

9. Location of Titles to property and cars \_\_\_\_\_

9. Accountant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Tax Returns & Records: \_\_\_\_\_

**FINAL DISPOSITION:**

I am a member of **Funeral Consumers Alliance of Central Ohio**. Their phone number is: 614 263 4632

In the event of death, contact \_\_\_\_\_ Funeral Home.

Phone: \_\_\_\_\_ to pick up my body and handle arrangements.

I **have** \_\_\_\_\_ **have not** \_\_\_\_\_ completed a **Pre-Arrangement Form** specifying my preferences for final arrangements. The original is located:

\_\_\_\_\_

I **have** \_\_\_\_\_ **have not** \_\_\_\_\_ completed a **Designated Agent** form giving power to \_\_\_\_\_ to handle my final arrangements. The original is located: \_\_\_\_\_

I **have** \_\_\_\_\_ **have not** \_\_\_\_\_ **pre-paid** for funeral services with a funeral home or insurance company:

Contact info \_\_\_\_\_

The original documents confirming this prepayment are located:

\_\_\_\_\_

I **have** \_\_\_\_ **have not** \_\_\_\_ a designated a POD bank account or insurance policy to cover my funeral expenses: Location of these documents: \_\_\_\_\_

In general, my wishes are for \_\_\_\_ **cremation** \_\_\_\_ **burial**

I **am** \_\_\_\_ **am not** \_\_\_\_ an organ/tissue donor and would like those arrangements carried out at my death.

I **have** \_\_\_\_ **have not** \_\_\_\_ donated my body to a Medical School:

Institution: \_\_\_\_\_ Phone \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_