



# MEMORIAL

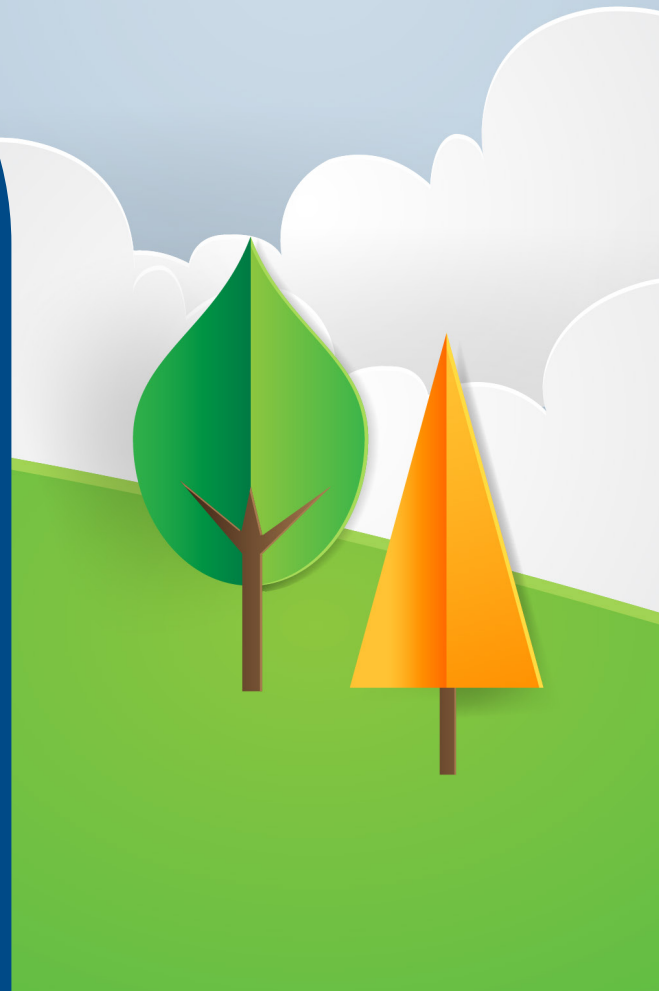
## PLANNING GUIDE



# A Word About Oxford Life

This Memorial Planning Guide is given to you as a courtesy by Oxford Life Insurance Company®. Oxford Life specializes in providing quality life, annuity, and health insurance products and is among the strongest insurance companies in the industry. Professionally managed, financially strong, and staffed with warm, friendly people, Oxford Life enjoys a reputation for caring and prompt service.

Take a few moments to collect your thoughts and record them in this Memorial Planning Guide.





# Important Information:

- This planning guide, once completed, contains personal, sensitive, and confidential information. Please store this guide in a secure location, not easily accessible by others.
- Please ensure that any family members, beneficiaries, estate coordinators, or other important parties that will be responsible for fulfilling these requests are made aware of this guide and know where it can be located.
- If this guide is stored in a safe deposit box, or other place that requires an access code or key, be sure to provide a trusted individual with the location and method for access.
- It is recommended that any copies of government documents such as marriage or birth certificates, or any other related materials are kept together with this guide.

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# List of 50 Usual “First Things First”

On the day a loved one dies, there are so many demands on the survivors. By pre-planning the final arrangements, the burden of these decisions can be eased. On this very difficult day, these are the usual **“First Things First”** that must be completed.

## Notify these people:

- |                           |                                   |                             |
|---------------------------|-----------------------------------|-----------------------------|
| 1. Physician or Coroner   | 5. All Relatives                  | 9. Organist & Choir/Soloist |
| 2. Funeral Director       | 6. All Friends                    | 10. Pallbearers             |
| 3. Cemetery/Memorial Park | 7. Employers                      | 11. Insurance Agents        |
| 4. Minister & Church      | 8. Unions/Fraternal Organizations | 12. Newspaper               |

## Select these items:

- |                      |                                   |                    |
|----------------------|-----------------------------------|--------------------|
| 13. Memorial Space   | 18. Flowers                       | 22. Place          |
| 14. Casket           | 19. Food for Memorial Luncheon    | 23. Transportation |
| 15. Vault/Outer Case | 20. Seating for Memorial Luncheon | 24. Card of Thanks |
| 16. Clothing         | 21. Time                          | 25. Music          |
| 17. Blanket/Robe     |                                   |                    |

## In addition you may be asked to:

- |  |   |   |
|--|---|---|
| 26. Provide vital statistics about the deceased        | 29. Answer sympathetic phone calls & messages           | 32. Plan funeral car list                         |
| 27. Prepare & sign necessary papers                    | 30. Meet & talk with family & friends about the details | 33. Clean home prior to sympathy visits           |
| 28. Provide addresses for parties who must be notified | 31. Provide lodging for out-of-town guests              | 34. Greet relatives & friends who visit your home |

## And you must pay for some or all of the following:

- |                      |                       |                            |
|----------------------|-----------------------|----------------------------|
| 35. Physician        | 40. Cemetery Lot      | 45. Clothing               |
| 36. Nurse            | 41. Interment Service | 46. Transportation         |
| 37. Hospital         | 42. Minister          | 47. Phone Bill             |
| 38. Medicine & Drugs | 43. Organist          | 48. Food                   |
| 39. Funeral          | 44. Florist           | 49. Memorials              |
|                      |                       | 50. Family Memorial Estate |

# Social Security and Veteran's Benefits & Claims

Prior to making a claim for Social Security or Veteran's Benefits, locate the following documents:

1. Certified Copies of Death Certificate
2. Certified Copies of Marriage License or Termination of Marriage Decree
3. Children's Birth Certificates
4. Deceased's & Survivor's Social Security Numbers
5. Proof of Widow(er)'s Age 62 or Older
6. W-2 or Schedule C Earnings Record from Preceding Year

## Social Security Benefits

The nearest Social Security Office is in (City & State)

Social Security may pay a small lump sum death benefit to assist with final expenses. The actual amount payable is determined by past earnings. A three month processing period is not unusual before Social Security Benefits actually begin. Your Oxford Life agent can be helpful in coordinating your life insurance needs with any Social Security Benefits to which your survivors may be entitled.

## Veteran's Benefits

The nearest Veteran's Administration Office is located in (City & State)

Veterans who, at the time of death, were entitled to a pension or compensation, died while hospitalized or living in a VA facility or other facility at VA expense, who were discharged or retired from service due to a disability incurred or aggravated in the line of duty, or who are indigent with no claim for their remains, may be entitled to payments for a burial plot and interment, funeral and burial, a burial flag, and/or a headstone or grave marker supplied by the VA.

# People to Notify

Name

Address

Relationship  Phone #

Name

Address

Relationship  Phone #

Name

Address

Relationship  Phone #

## Please Also Contact These Key People

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Funeral Director/Home

Address

Phone #

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Attorney

Address

Phone #

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Accountant

Address

Phone #

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Family Physician

Address

Phone #





# Important Documents

## Location of the Following

- ☐ Last Will and Testament
- ☐ Birth Certificate
- ☐ Military Discharge
- ☐ Marriage Certificate
- ☐ Children's Birth Certificates
- ☐ Deeds and Titles
- ☐ Mortgages and Notes
- ☐ Income Tax Records
- ☐ Trust Documents


## Policy Information

Life Insurance Company and Policy No.

Life Insurance Company and Policy No.

Annuity Contract Company and Contract No.

Medical/Hospital Insurance Company and Policy No.

Disability Insurance Company and Policy No.

Long Term Care Insurance Company and Policy No.

Automobile Insurance Company and Policy No.

Homeowners Insurance Company and Policy No.

# About My Family and Me

--	--	--

First Name

Middle Name

Last Name

--	--	--	--	--	--

Street Address

City

County

State

Zip Code

Phone Number

--	--	--

Birth Place

City/County/State/Country

Birth Date: Mo/Day/Yr

--	--

Social Security Number

Usual Occupation or from which Retired

--

--	--	--

Father's Name

Birth Date: Mo/Day/Yr

Birth Place: City/County/State

--	--	--

Mother's Maiden Name

Birth Date: Mo/Day/Yr

Birth Place: City/County/State

Marital Status:

☐

Married

☐

Single

☐

Divorced

☐

Widow(er)

--	--

Spouse's Name (Include Maiden Name)

Birth Date: Mo/Day/Yr

--	--	--

Spouse's Birth Place: City

County

State

--

Date & Location of Marriage



# More About My Family

## If a Veteran, Complete this Section:

Time of Service

Service Branch

Military Service No.

Rank

Date Enlisted

Date Discharged

Location of Discharge Papers

### Children


### Grandchildren


### Any Additional Information


# My Personal Memorial Instructions

Religious Affiliation:

Memorial Service To Be Held:

Address/City/State/Zip:

Name of Participating Fraternal or Military Organization (if any):

Name of Funeral Home/Director:

Place of Interment:

I Prefer:

☐

Vault

☐

Cremation

☐

Mausoleum

☐

Ground Burial

☐

Open Casket

☐

Embalming

☐

Underground Vault

☐

Closed Casket

Desired Casket (Metal/Wood/Fiberglass):

Desired Casket (Exterior/Interior Colors):

Description of Cemetery Property to Be Used:

Crypt or Space No:

Tier or Lot No.

Mausoleum or Lawn:

Vault:

Flower Container:

Memorial Marker (Bronze/Granite/Other):

Memorial Marker (Inscription/Emblem):

# More Memorial Instructions

Clothing: Use From Current Wardrobe?

☐

Yes

☐

No

Jewelry to be Worn:

Jewelry Disposition:

☐

Leave On

☐

Remove and Give to

Eyeglasses, if Any:

☐

Leave On

☐

Remove and Give to

Preference of Musical Selections:

Soloist:

☐

Yes

☐

No

Preferred Selections

Preferred Bible Passage or Prayer:

Preference of Flowers (Type & Color):

Disposition of Flowers:

☐

Rest Homes

☐

Hospital

☐

Church

Donations in Lieu of Flowers:

I Suggest the Following as Pallbearers:

Other Special Instructions:

📍 2721 N. Central Ave., Phoenix, AZ 85004

☎ 866-641-9999

🌐 [oxfordlife.com](http://oxfordlife.com)



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