

Information Checklist for Survivors

My full name: _____

Date: _____ Social Security Number: _____

Type of funeral arrangement I have chosen or wish to have: _____

Funeral establishment selected/desired _____

Location of my FCA of the Finger Lakes or Ithaca Memorial Society membership form:

Location of my obituary and instructions regarding my funeral and memorial service:

Location of instructions if I die while out of the area: _____

Name/phone number of minister, rabbi or other person whom I choose to lead the service:

Names/addresses/phone numbers of family members/friends to be notified (or location of this information):

Location of my current will: _____

Name/phone number of my attorney: _____

Location of my birth certificate, marriage license, divorce decree: _____

Location of my insurance policies: _____

Name/phone of my insurance advisor: _____

Location of titles to realty owned, records on improvements, etc: _____

Location of titles to vehicles and boats: _____

Location of bank accounts, passbooks or similar records: _____

Location of my securities, fund accounts and related papers: _____

Name/phone of my financial advisor: _____

Location of my safe deposit box and location of the key: _____

Location of my tax returns for past years: _____

Name/address/phone of my executor: _____

Name/ address/ phone of my accountant or tax preparer: _____

Names of those with copies of this form: _____

Additional information (may continue on back of this sheet)