



Personal Arrangements Guide

for



The Elysian Society

*“The best of me then,
when no longer visible—
for towards that
I have been incessantly preparing.”*

Walt Whitman

PERSONAL ARRANGEMENTS GUIDE

FOR

NAME _____

Legal name as on driver's license or passport

This booklet contains a record of my final wishes and requests concerning the personal arrangements to be made at the time of my death, as well as information about personal documents and papers that will be helpful in concluding my affairs.

I have an Advanced Health Care Directive ☐ Yes ☐ No

I have a Will or Trust ☐ Yes ☐ No

Keep this booklet, together with other important documents, readily available to family and friends

Signed _____

Witnessed _____

Dated _____

Relative to Contact (other than spouse)

Name: _____ Phone #: _____

Address: _____

Relationship: _____

Dates of last review/revision

Signature

Personal Information for Death Certificate

First Name Middle Initial Last Name

Other names you may use (including maiden name)

Residence Address Post Office Box

City County Zip State/Foreign Country

Date of Birth Sex Place of Birth

Race: (up to 3 races)

Hispanic/Latino(a) Spanish? ☐ Yes ☐ No

Social Security Number

Citizen of

Driver's License #

Education Completed ☐ High School ☐ College ☐ Post Graduate

Marital Status

Spouse/Partner Name

Father's Full Name

First Middle Last/Birth Name

Father's Birthplace

Mother's Full Name

First Middle Last/Birth Name

Mother's Birthplace



Employment

Occupation _____

Kind of Business or Industry _____

Years in Occupation _____

Retired ☐ Yes _____ Year ☐ No

Military Service

Ever in US Armed Forces? ☐ Yes ☐ No

Place of Final Disposition

Name of Cemetery _____

Address _____ Phone _____

☐ Earth Burial ☐ Cremation/Interment ☐ Ashes Scattered

☐ Plot Requested Area _____ Number _____

Other Disposition Instructions _____



Preferences and Requests for Service

Preferred Funeral Home _____

Name _____

Address _____

City _____ Phone _____

I ☐ have ☐ have not made prior arrangements with this director

Services to be held at ☐ Fellowship Church ☐ Funeral Home

☐ Other _____

Person Responsible for Funeral Arrangements with the Elysian Society

Name _____ Phone _____

Minister _____

Eulogist _____

Pallbearers (cremation 1-3; Coffin 6)

Music (2-3 selections):

Musician(s), Singer _____

Poem

Reader

1) _____

2) _____

3) _____

High Resolution Photos for Service

☐ on file with ES ☐ provided by _____

Favorite Flowers _____

Memorial Card Poem /Quotation

Please Attach a List of 20-30 Close Friends and or Family

Headstone Epitaph

1) _____

2) _____

3) _____

Memory Page on Elysian Society Website (www.elysiansociety.org/inmemory) ☐ Yes ☐ No

Video of Service ☐ Yes ☐ No

Legal & Financial Information

Please Notify

Attorney _____

Phone/Email _____

Accountant _____

Phone/Email _____

Physician _____

Phone/Email _____

Family & Friends to be notified by phone

Name/ Relationship	Phone
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Important Papers and Files

Keep these documents in one place and readily available

Physical location

- ☐ Advanced Health Care Directives _____
- ☐ Do Not Resuscitate Form (if desired) _____
- ☐ Emergency Contact Name/Numbers _____
- ☐ Personal Arrangement Guide _____
- ☐ Funeral Arrangements Policy _____
- ☐ Last Will and Testament _____
- ☐ Living Trust _____
- ☐ Birth Certificate _____
- ☐ Marriage Certificate _____
- ☐ Social Security Number _____
- ☐ Passport _____
- ☐ Citizenship Papers _____
- ☐ Visa Documentation _____
- ☐ Military Records _____
- ☐ Safety Deposit Box/Info _____
- ☐ Checking/Savings Account Info _____
- ☐ Stocks and Bonds Certificates _____
- ☐ IRA or Keogh Information _____
- ☐ Pension Plan _____
- ☐ Income Tax Report Information/Receipts _____
- ☐ Medical/Health Insurance Policy _____
- ☐ Life Insurance Policy _____
- ☐ Homeowners Insurance Policy _____
- ☐ Automobile Insurance Policy and Title _____
- ☐ Mortgage Papers _____
- ☐ Deeds to a Home _____
- ☐ Other Deeds/Titles _____

Username and passwords for all devices or location of this information

Quick Reference Record of Accounts and Policies

Checking/Savings

Bank/Branch _____

Acc't #/Signature on File _____

Bank/Branch _____

Acc't #/Signature on File _____

Bank/Branch _____

Acc't #/Signature on File _____

Bank/Branch _____

Acc't #/Signature on File _____

Credit Card Accounts

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Pension Plan - IRA - Keogh

Pension Plan _____ Acc't # _____

Phone/Contact _____

Company _____ Acc't # _____

Phone/Contact _____

Life Insurance Policies

Company/Agent _____

Phone/Contact _____

Policy # _____ Amount _____ Beneficiaries _____

Company/Agent _____

Phone/Contact _____

Policy # _____ Amount _____ Beneficiaries _____

Health Insurance

Company/Agent _____

Policy # _____ Phone _____

Company/Agent _____

Policy # _____ Phone _____

Home and Automobile

Mortgage Company/ Equity Loans _____ Acc't # _____

Address _____ Phone _____

Home Insurance _____ Acc't # _____

Address _____ Phone _____

Auto Loan _____ Acc't # _____

Address _____ Phone _____

Auto Loan _____ Acc't # _____

Address _____ Phone _____

“The door is round and open where the two world meet.

Don’t go back to sleep”

Rumi



“Stay close by the door, if you desire all beauty

And leave aside sleep, if you wish to arrive”

Rabia



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