



My
PLANNING
GUIDE

How I want to be Remembered



O'BRIEN
STRAATMANN
REDINGER

FUNERAL & CREMATION SERVICES

“Honoring Lives... Cherishing Memories”

4115 Ave N Kearney, Ne 68847

308-234-3500

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PERSONAL HISTORY

This portfolio is designed to guide you and those close to you through the funeral planning process. By recording vital information and personal preferences now, you will know you have eased the burden for your loved ones.

My Planning Guide is a valuable record. It offers guidance your survivors will need. If you have questions regarding any aspect of funeral planning, ask your funeral planning professional.

VITAL STATISTICS

Date: _____

Name: _____
First Middle Maiden Name Last

Address: _____

City County State ZIP

Sex: Male Female Home Phone: _____ Other Phone: _____

Social Security Number: _____ Race: _____

Place of Birth: _____
City County State Country

Date of Birth: _____ Age: _____

In city since: _____ Moved from: _____ Year: _____

Marital Status: Married Place: _____ Date: _____ Never married Widowed Divorced

Name of Spouse/Partner: (Maiden name, if applicable) _____

Father's Name: _____ Father's Place of Birth: _____
First Middle Last

Mother's Maiden: _____ Mother's Place of Birth: _____
First Middle Last

Usual Occupation: _____ Type of Business/Industry: _____

Employer: _____ Years in Occupation _____

Education (highest grade completed): Elementary/Secondary _____ College _____
(0-12) (1-4 or 5+)

School(s) attended / Degree(s) earned: _____

Church, Lodges, Memberships: _____

Hobbies: _____

ARMED FORCES

Branch of Service: _____ Service Number: _____

Date Entered: _____ Place of Entry: _____

Type of Separation or Discharge of Service: _____ Date: _____

Place of Discharge: _____

Location of Military Discharge Papers (DD214): _____

Highest Grade, Rank or Rating Received: _____

Wars/Conflicts Served: _____

Additional Information/Medals/Honors/Citations: _____



MEMORIAL INSTRUCTIONS

Funeral Home: _____ Phone: _____

Church Preference: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition Preference: Burial Mausoleum Entombment Cremation

Memorial service to be held at: Funeral Home Church Graveside Other: _____

Visitation/Friends calling: Yes No Casket: Opened Closed

Participating fraternal, military or service organization: _____

Obituary: Yes No Photo Newspaper(s): _____

Pallbearers: _____

Flowers (describe): _____

Favorite religious passages, quotations, poems: _____

Favorite musical selections: _____

Specific requests to be performed at service: _____

Contributions (Name of charity): _____

Flag (If veteran): Folded Draped Given to: _____

Specific clothing (describe): _____

Glasses to be worn: Yes No After viewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe:) _____

CEMETERY INSTRUCTION

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location: Section/Garden: _____ Lot: _____ Space: _____ Marker owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

For the purpose of assisting my family in making funeral and burial arrangements in the event of need, the preceding information represents my personal wishes and desires. As of this date, I would prefer that my family spend \$_____ for my funeral and burial arrangements.

Signature: _____ Date: _____

Funeral Planning Professional: _____



CHILDREN, RELATIVES, FRIENDS

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Number of Grandchildren _____ Number of Great-Grandchildren _____

TO BE NOTIFIED This is a list of close friends in the event your family needs help: notifying friends, running errands, or house sitting.

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

IMPORTANT INFORMATION FOR YOUR FAMILY'S USE

Do you have a will or living trust? Yes No Attorney who wrote document: _____

Executor of Estate: _____

Do you have a living will? Yes No Location: _____

Important papers are located at: _____