

# Personal and Financial Affairs Checklist for End-of-Life Planning



*prepared by the*  
**New York State Funeral Directors  
Association**

## **About the Foundation**

The New York State Tribute Foundation, Inc. was incorporated in 2003 as a not-for-profit corporation to unite the knowledge and resources of funeral service professionals throughout New York State. By embracing the core values of charity, knowledge and education, the Foundation's endeavors will advance awareness related to death, dying and bereavement by fostering better understanding of end-of-life issues for all New Yorkers and offering support to community members in everyday situations and during times of crisis.

Committed to being an agent of change, the Foundation will work creatively to define issues, provide a forum to exchange ideas and be a resource for information. Its philanthropic vision will be guided by its investments in consumer education and outreach, industry research, education for lifelong learning, and partnerships and collaborations.

*[www.tributefoundation.org](http://www.tributefoundation.org)*

### **What is NYSFDA? What Do We Do?**

NYSFDA stands for the New York State Funeral Directors Association, Inc., a trade association of almost 800 funeral firms and 3500 licensed funeral directors located throughout New York State. Founded in 1889, NYSFDA is the oldest trade association of funeral directors in the United States.

NYSFDA continues its proud and honored tradition of working to ensure that the families served by its members receive helpful and timely information about the many important issues surrounding funeral service. This includes everything from practical tips on prepaying and prearranging a funeral to how we work hand-in-hand with consumer and senior advocates to protect the public interest.

## Personal and Financial Affairs Checklist for End-Of-Life Planning

This checklist has been designed to assist you in organizing important information that will be readily accessible to your survivors after your death. It will also help you preplan your funeral and leave a permanent record of these plans so that your family and/or executor will be able to fulfill your wishes. Knowing what you wanted will relieve your loved ones of making decisions at a stressful time.

As part of your planning, you may choose to visit your funeral director and prearrange your funeral needs. This act will have some significant benefits for you and your family. First and foremost, it will relieve your family members of the many decisions that must be made at the time of your death. They won't have to try and guess what you would have wanted, they will know. In addition, if the funeral is prefunded, the family will not have to deal with any monetary considerations. Another benefit is that SSI/Medicaid recipients are allowed to set aside money to fully fund the funeral service of their choice prior to their own funds becoming exhausted. Finally, prearranging will give you the peace of mind knowing that you will have a funeral and burial which will fulfill your personal beliefs.

It is so very important to not be afraid of talking about death with your family members...death is an inevitable part of the life cycle and all living things will experience it. Discuss this booklet and checklist with them; involve them in the planning process. Discussing your beliefs and desires openly will assist in assuring that when death occurs, your final wishes are carried out and your survivors have the information necessary to make their grief easier to bear.

## Personal Affairs Checklist

- Discuss Funeral Arrangements
- File Current/Updated Will
- Cemetery Arrangements
- Monument Dealer
- Funeral Home Details
- Copies of Prearrangement Contracts
- Biographical Information
- Estate Executor
- Motor Vehicle Department
- Firearms
- Plans for Pets

## Financial Affairs Checklist

- Accountant
- Bank Accounts
- Credit Union Accounts
- Safe Deposit Box(es)
- Pensions
- Life Insurance
- Stock Broker
- Real Estate
- Social Security Administration
- Union Benefits
- Fraternal Benefits
- Veteran's Benefits

Date Completed \_\_\_\_\_

*The following pages are meant to help guide you through the above checklists, covering more specific details for each.*

## PERSONAL AFFAIRS...

### *Discuss Funeral Arrangements...*

Everyone, at one time or another, has thought about what type of funeral they would like for themselves. Whether you choose to formally make prearrangements or not, it is very important to let family and/or friends know what it is you desire for your funeral. Chances are a lot greater that your wishes will be carried out if people know what those wishes are.

### *Last Will and Testament...*

Contact an attorney to have a will written or make updates to an older one. Be sure family and friends know your attorney's name and where the will is filed.

## Cemetery/Cremation Information...

---

(Name of Cemetery or  
Location for Disposition of Cremated Remains)

---

(Address)

---

(City)

---

(State)

---

(Zip)

---

(Phone Number)

---

(Name on Plot Purchase)

---

(Plot #)

---

(Section #)

---

(Where Deed is Filed)

## Monument Information...

---

(Name of Dealer)

---

(Address)

---

(City)

---

(State)

---

(Zip)

---

(Phone Number)

---

(Item(s) Purchased)

---

(Contract Number(s))

## Funeral Home Details...

---

(Name of Funeral Home)

---

(Name of Funeral Director)

---

(Address)

---

(City)

---

(State)

---

(Zip)

---

(Phone Number)

Were Prearrangements Made?

Yes \_\_\_\_\_ No \_\_\_\_\_

---

(Prearrangement Contract Number)

---

(Location of Copies of Contract)

---

(Where Funeral Service to be held—*in Church,  
Funeral Home or Other*)

---

(Visitation/Calling Hours)

---

(Clergy Chosen)

---

(Clergy Chosen)

---

(Pallbearers)

---

(Pallbearers)

---

(Pallbearers)

A Military Service \_\_\_\_\_ Yes \_\_\_\_\_ No

Music (List Selections)

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Clothing (List Selections)

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---

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---

Flowers (List Choices)

---

---

---

---

Memorials/Contributions (List Choices)

---

---

---

Other Special Requests (List)

---

---

---

---

## Biographical Information (Vital Statistics)...

---

(Full Name)

---

(Address)

---

(City)

---

(State)

---

(Zip)

---

(Phone Number)

---

(Resident Since)

---

(Place of Birth—*city, county, state/province*)

---

(Date of Birth)

---

(Social Security Number)

---

(Name of Father)

---

(Full Maiden Name of Mother)

---

(Marital Status)

---

(Spouse Name)

---

(Church Affiliation)

## Education...

High School Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

College Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

Degree \_\_\_\_\_

College Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

Degree \_\_\_\_\_

## Employment History...

\_\_\_\_\_  
(Place of Employment)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Dates)

\_\_\_\_\_  
(Place of Employment)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Dates)

\_\_\_\_\_  
(Retirement Date)

## Family...

List Children and their Residence (City, State)  
(If deceased, please indicate)

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Where are birth certificates/adoption papers/  
marriage certificates filed?

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---

Other Living Relatives and Residences(City, State)

---

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---

---

## Fraternal Affiliations... (List)

---

---

## Military Service...

---

(Branch of Service)

---

(Service Serial Number)

---

(Date Entered)

(Grade or Rank)

---

(Place of Entry)

---

(Name of War or Conflict)

---

(Date of Discharge)

---

(Where Discharge Papers are Filed)

---

(Decorations)

---

(Pension or V.A. Claim Number)

---

(VA Disability?)

---

(Flag Requested?)

---

(Veteran's Cemetery Marker?)

## Estate Executor...

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone Number)

Has this individual been informed of this role?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

## Motor Vehicle Department...

\_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Phone Number)

List Vehicle(s) registered in your name and license plate number(s):

Vehicle \_\_\_\_\_

Plate Number \_\_\_\_\_

Vehicle \_\_\_\_\_

Plate Number \_\_\_\_\_

## Firearms...

List any and all firearms

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## Plans for Pets...

What arrangements should be made for your pets/animals?

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## FINANCIAL AFFAIRS...

---

(Accountant Name)

---

(Address)

---

(City)

---

(State)

---

(Zip)

---

(Phone Number)

Bank Accounts (List Bank and Account Number)

---

---

Credit Union Accounts (Credit Union and Account Number)

---

---

Safe Deposit Box(es)

(Located at)

---

(Box #)

Pension Plan(s)

---

---

---

Life Insurance (List Policy # and Company Name)

---

---

---

## Stockbroker...

---

(Name)

---

(Address )

---

(City)

---

(State)

(Zip)

---

(Phone Number)

## Real Estate...

---

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---

## Social Security Administration...

Phone Number \_\_\_\_\_


## Union Benefits... (List)

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FUNERAL DIRECTORS  
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