



PLANNING GUIDE

These forms are very helpful tools for you and your family to complete in advance.

- Keep them in a secure (not a safe deposit box) but accessible place.
- Tell another family member where the guide can be found in the event of your death.
- If desired, Wincott Road Funeral Home will keep a copy on file as “information only”.

All information on page one is required to accurately complete the death certificate and regulatory permits that must be filed on your behalf.

Please DO NOT ABBREVIATE any information on page one.

Information on pages two through five will be used to help plan your personal service.

Name (FULL LEGAL NAME, NO ABBREVIATIONS):			
FIRST	MIDDLE	LAST	MAIDEN (if applicable)
Address (Physical):			
STREET		CITY	
COUNTY		STATE	ZIP CODE
PHONE NUMBERS:			
HOME	WORK	CELL	FAX
PERSONAL INFORMATION:			
DATE OF BIRTH	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH
SOCIAL SECURITY NUMBER	EDUCATION LEVEL (Number of Years And/Or Degree(s) Completed)	OCCUPATION (previous occupation if retired)	EMPLOYER (kind of industry)
RACE	HISPANIC ORIGIN (yes or no)	IF HISPANIC, ORIGIN:	
MARITAL STATUS:			
<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> NEVER MARRIED	<input type="checkbox"/> DIVORCED
FATHER'S NAME (do not abbreviate names):			
FIRST	MIDDLE	LAST	
MOTHER'S NAME (do not abbreviate names):			
FIRST	MIDDLE	LAST	MAIDEN (if applicable)
VETERAN'S INFORMATION			
VETERAN (yes or no)	BRANCH OF SERVICE	SERVICE #	
[If yes, provide copy of discharge papers (DD-214); and if retired, include Retirement Orders]			
PEACE OFFICER IN TEXAS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SPOUSAL INFORMATION (do not abbreviate names):			
FIRST	MIDDLE	LAST	MAIDEN (if applicable)
DATE OF BIRTH	SOCIAL SECURITY #		

FUNERAL / MEMORIAL SERVICE PREFERENCES AND REQUESTS

Officiant (Minister, etc.): _____

Cemetery:

Name: _____

Location: _____

Contact Information: _____

Pallbearers:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Songs/Music: _____

Colors: _____

Flowers: _____

Photographs/pictures of me to be displayed: _____

I would like to say the following to the following people:

1. _____
(Name / Relation)

At my funeral please do the following:

2. _____
(Name / Relation)

At my funeral please do the following

Display the following items at my funeral:

1. _____ To symbolize: _____

2. _____ To symbolize: _____

3. _____ To symbolize: _____

4. _____ To symbolize: _____

I would like to have the following personal spiritual convictions / scriptures expressed at my funeral:

PERSONAL THOUGHTS AND FAVORITES

Books:

Poems:

Quotes:

Hobby(ies):

REFLECTIONS

People who have had the greatest effect on my life:

Some of my fondest memories are:

If I could live life over again:

A. I would spend less time:

B. I would spend more time:

Things that gave me enjoyment in life:

Causes and beliefs I was passionate about:

Most fun I have had:

I was most proud of:

I would describe myself as:

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