

# PERSONAL RECORDS AND FINAL ARRANGEMENTS GUIDE

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# PERSONAL RECORDS AND FINAL ARRANGEMENTS GUIDE

Completing this guide will provide an invaluable resource to your family at a difficult time and clarify your wishes for final arrangements. Once completed, please make a copy for your family, your advisors and your accessible financial records.

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Your Legal Name

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Date of Birth

Birth Place

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Spouse (Legal name)

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Date of Birth

Birth Place

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Home Address

City

State Zip

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Years at address

Purchase Date and Price

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Home Telephone

E-mail

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Date and Place of marriage

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If widowed, give full name of spouse and date and place of death

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If divorced and former spouse is still living, give name, address and phone

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Name and birthplace of father (address and phone, if still living):

Name and birthplace of mother, including maiden name (address and phone, if still living):

Name and date of birth of each child (address and phone, if living):

Name of each brother and sister (address and phone, if living):

Name, address and phone number of other significant friends or relatives:

Name, address and phone of clergy or rabbi:

Church or temple affiliation:

Educational background:

Schools and Universities:

Occupation, past positions of employment or resume:

Membership in clubs and organizations: (Check groups to be notified):

Honors and Awards received:

If you are a veteran, please complete the following:

Location of Discharge Papers – DD214

Rank or rating:

Organization or outfit:

Commendations received:

Location of home financial files, original wills or trusts:

Location of past tax returns, birth certificates, passport:

Location of computer passwords, files, financial programs:

Location, address and deeds of additional real estate:

Mortgage, home equity lines or outstanding debt and institutions:

Credit cards:

Safe deposit box, home safe, extra house and car keys:

Financial advisors, attorney and CPA names and phone numbers:

Checking and Savings Institutions:

Stock and Mutual Fund Companies:

Pensions, Annuities and IRA's – Address/person to contact:

Qualified retirement plans and pensions:

Life Insurance policies and locations:

Copies of beneficiary designations for insurance and IRA's:

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Retiree Insurance and pension benefits:

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Medicare and supplement insurance info:

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Social Security Benefits:

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## FUNERAL ARRANGEMENTS AND RELATED INFORMATION:

Name, address and phone of funeral director you desire:

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If any pre-arrangements have been made, please indicate:

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Do you wish to be cremated and, if so, what do you wish to have done with your ashes:

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Location of cemetery plot and lot number:

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Location of Cemetery Deed:

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If you do not wish to use presently owned cemetery plot (or do not have one), where do you wish to be buried:

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What inscription do you wish on your grave marker:

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Instructions concerning selection of casket and vault:

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List anything special you wish to wear or have buried with you:

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Is the service, if you wish one, to be a Memorial Service:

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Funeral Service:

Public:

Private:

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Place of service:

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Funeral Home:

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Other:

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Special requests for the service: hymns, other music, readings, scripture readings, speaker:

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Kinds and colors of flowers:

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Name, address and phone of persons you would like to have as pallbearers:

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## SPECIFIC OBITUARY INFORMATION

Do you wish flowers to be sent: Yes\_\_\_\_\_ No\_\_\_\_\_

Do you wish donations made in your memory: Yes\_\_\_\_\_ No\_\_\_\_\_

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To what charity:

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Address:

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Anything special you wish to have placed (or not placed) in your obituary:

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Newspapers in which your obituary is to be placed:

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Any additional information or other personal desires which you would like your family, relatives, or friends to know: