

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.

Your Legal Name		
Date of Birth	Birth Place	
Spouse (Legal name)		
Date of Birth	Birth Place	
Home Address	City	State Zip
Years at address	Purchase Date and Price	
Home Telephone	E-mail	
Date and Place of marriage		
If widowed, give full name of spouse and da	ate and place of death	
If divorced and former spouse is still living, o	give name, address and phone	
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:
Life insurance policies and locations.



Copies of beneficiary designations for insurance and IRA's:
Retiree Insurance and pension benefits:
Medicare and supplement insurance info:
Social Security Benefits:
Social Security Deficities.
FUNERAL ARRANGEMENTS AND RELATED INFORMATION:
TONERAL ARRANGEMENTS AND RELATED INFORMATION.
Name, address and phone of funeral director you desire:
If any pre-arrangements have been made, please indicate:
Do you wish to be cremated and, if so, what do you wish to have done with your ashes:
Location of cometany plot and let numbers
Location of cemetery plot and lot number:
Location of Cemetery Deed:
•
If you do not wish to use presently owned cemetery plot (or do not have one), where do you wish to be buried:
What inscription do you wish on your grave marker:
Instructions concerning selection of casket and vault:



List anything special you wish to wear or have	buried with you:			
Is the service, if you wish one, to be a Memoria	l Service:			
-	B	D		
Funeral Service:	Public:	Private:		
Place of service:				
Funeral Home:				
Other:				
Special requests for the service: hymns, other	music roadings scripturo roadings spoakor			
Special requests for the service. Hymnis, other	music, readings, scripture readings, speaker.			
Kinds and colors of flowers:				
Name, address and phone of persons you would like to have as pallbearers:				
Traine, address and prione of persons you wou	id like to have as palibealels.			



SPECIFIC OBITUARY INFORMATION

Do you wish flowers to be sent:	Yes	No		
Do you wish donations made in your memory:	Yes	No		
To what charity:				
Address:				
Anything special you wish to have placed (or not placed) in you	our obituary:			
Newspapers in which your obituary is to be placed:				
Any additional information or other personal desires which you would like your family, relatives, or friends to know:				

