



# *Final Wishes Plan*

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**Providing guidance to  
family members and friends.**



## **Alaska Baptist Foundation**

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Anchorage, AK 99507

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# PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Birthplace: \_\_\_\_\_ Country: \_\_\_\_\_

Education: 1-12 \_\_\_ College 1-4 \_\_\_ or 5+ \_\_\_

Degree(s) Earned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name/Location of Schools Attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Military Service: Yes \_\_\_ No \_\_\_ Branch: \_\_\_\_\_

*a copy of military discharge paper (DD214) is necessary to receive benefits*

Serial Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Length of Residence in State \_\_\_\_\_

Achievements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Awards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Memberships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_

Birthplace : \_\_\_\_\_

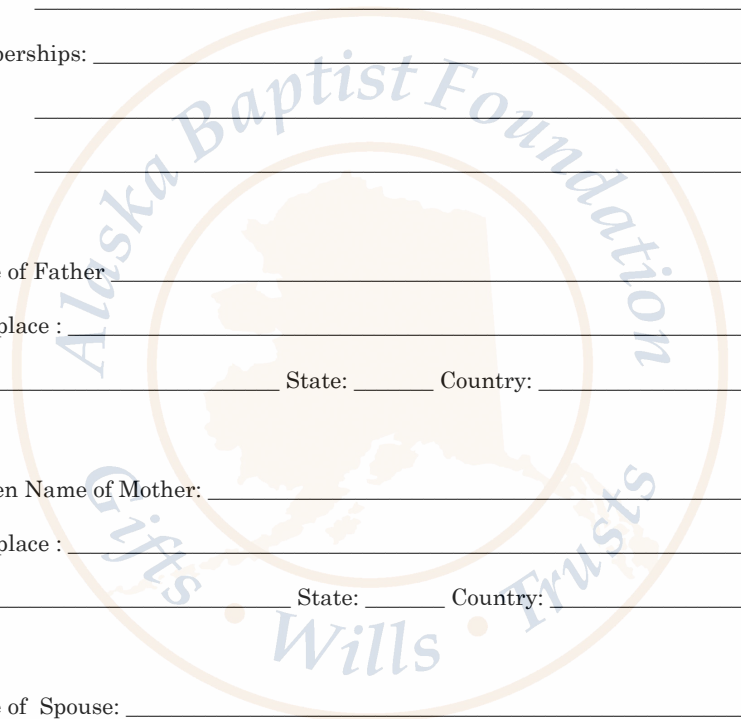
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Birthplace : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Wedding date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# MY ESTATE

Executor: \_\_\_\_\_

Copy of the Will: Yes\_\_\_ No\_\_\_

Location: \_\_\_\_\_

## FAMILY MEMBERS TO BE NOTIFIED

Next of Kin: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

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Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

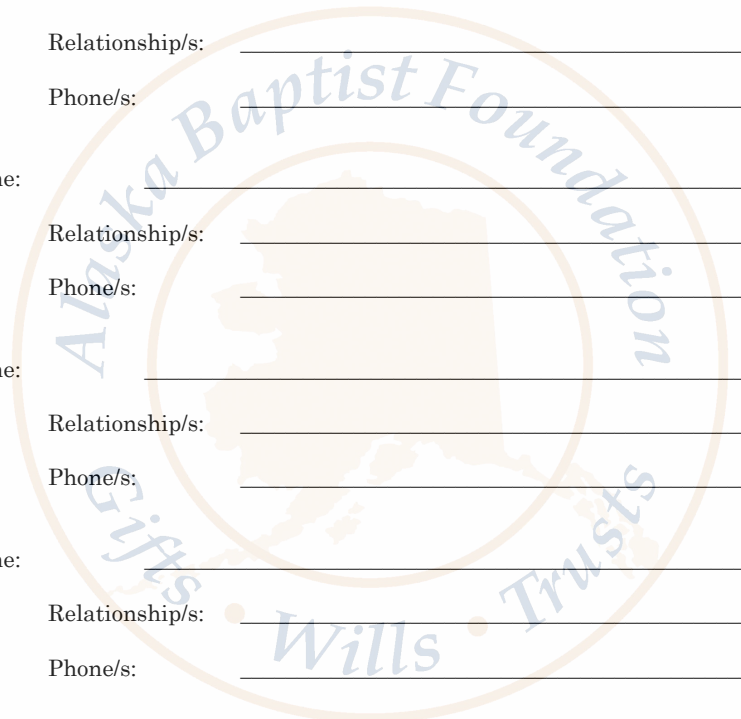
Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_



FRIENDS AND ASSOCIATES TO BE NOTIFIED

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

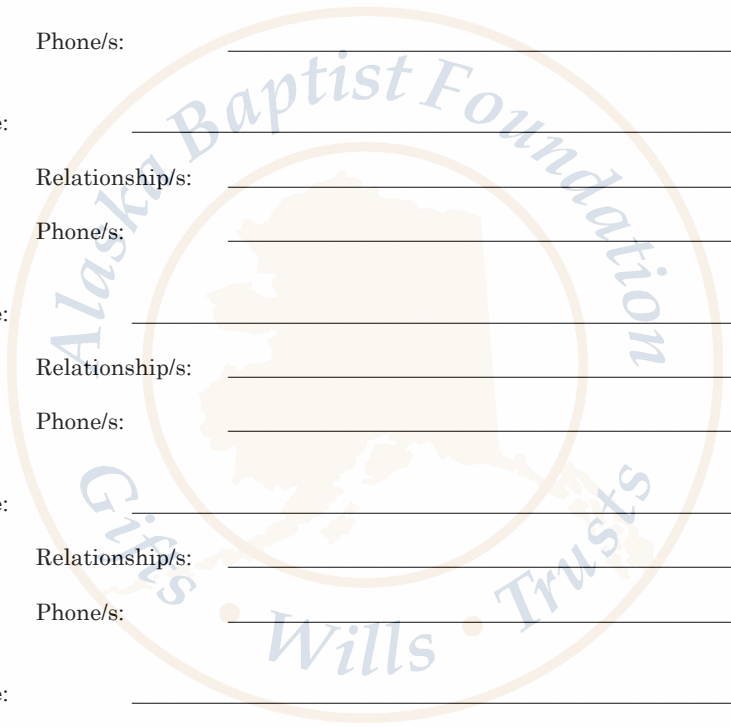
Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship/s: \_\_\_\_\_

Phone/s: \_\_\_\_\_



# MY CHURCH

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Pastor(s): \_\_\_\_\_

\_\_\_\_\_

Minister of Music/  
Worship Leader: \_\_\_\_\_

## FUNERAL PREFERENCES

Funeral Home/Crematorium: \_\_\_\_\_

Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Wake or Prayer Service: Yes \_\_\_ No \_\_\_;

Details: \_\_\_\_\_

Location: \_\_\_\_\_

Officiant: \_\_\_\_\_

Location of funeral/memorial service: \_\_\_\_\_

*If service is to be at the church, is the church able (space and calendar) to hold the service in the sanctuary?*

Officiant: \_\_\_\_\_

Type of service: \_\_\_\_\_

Open casket: Yes \_\_\_ No \_\_\_

**OR** Cremation remains present: Yes \_\_\_ No \_\_\_

**SERVICE DETAILS**

Soloist(s): \_\_\_\_\_  
\_\_\_\_\_

Instruments/Instrumentalists: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Musical Selections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Readings/religious passages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flowers (colors and type): \_\_\_\_\_  
\_\_\_\_\_

Memorial donations, in lieu of flowers, may be made to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Eulogy by: \_\_\_\_\_

Notations for Eulogy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Pictures or photo album: \_\_\_\_\_  
\_\_\_\_\_

PowerPoint presentation: \_\_\_\_\_

Location of finished product: \_\_\_\_\_

Person to operate: \_\_\_\_\_

If unfinished:

Person to create presentation: \_\_\_\_\_

Slides to use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memorial card: Yes \_\_\_ No \_\_\_ Instructions: \_\_\_\_\_

**PARTICIPATING ORGANIZATIONS**

Military: \_\_\_\_\_

\_\_\_\_\_

Fraternal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veteran's Flag: Yes \_\_\_ No \_\_\_

Draped on casket: Yes \_\_\_ No \_\_\_

Folded and Presented to: \_\_\_\_\_



PALLBEARERS TO BE CONTACTED

Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_

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Phone/s: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/s: \_\_\_\_\_



# BURIAL

Type of Casket: Hardwood: \_\_\_ Metal: \_\_\_ Cremation Urn: \_\_\_

Other: \_\_\_\_\_

Type of Vault: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Plot or crypt purchased: Yes \_\_\_ No \_\_\_

Location: \_\_\_\_\_

Number of Spaces: \_\_\_\_\_ Which space is to be used? \_\_\_\_\_

Type of burial: Earth burial \_\_\_ Crypt or Mausoleum \_\_\_ Other \_\_\_

Person to whom interment rights are deeded: \_\_\_\_\_

Location of deed: \_\_\_\_\_

If no burial plot is arranged, where is burial preferred? \_\_\_\_\_

## Memorial:

Has memorial marker already been ordered/placed? Yes \_\_\_ No \_\_\_

Upright monument: \_\_\_ Memorial Plaque \_\_\_

Bronze \_\_\_ Granite \_\_\_ Other \_\_\_

Inscription to read \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Opening and closing of property: Prepaid \_\_\_ To be determined \_\_\_\_\_

Family present during closing of property? Yes \_\_\_ No \_\_\_

Graveside Service: Yes \_\_\_ No \_\_\_

If ground is frozen at time of death, will a graveside service be scheduled at time of interment when ground has thawed? Yes \_\_\_ No \_\_\_

**PERSONAL**

Clothing Preference: from current wardrobe \_\_\_ new \_\_\_

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other: \_\_\_\_\_

Description/color: \_\_\_\_\_

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Personal Accessories: \_\_\_\_\_

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Wedding band stay on \_\_\_ or return to \_\_\_\_\_

Eyeglasses stay on \_\_\_ or return to \_\_\_\_\_

Other \_\_\_\_\_ stays on \_\_\_ or return to \_\_\_\_\_

\_\_\_\_\_ stays on \_\_\_ or return to \_\_\_\_\_

Other items to be placed with remains: \_\_\_\_\_

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**OTHER**

Other Props: \_\_\_\_\_

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# CREMATION

Name of funeral home/cremation society: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Urn: Bronze \_\_\_ Wood \_\_\_ Marble \_\_\_ Other \_\_\_\_\_

Disposition of cremated remains: \_\_\_\_\_

Memorial Plaque inscription if applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VISITATION/VIEWING

Viewing location:

Funeral Home: \_\_\_ Church: \_\_\_ Other: \_\_\_\_\_

Viewing time:

Day/s before service: \_\_\_\_\_

Immediately prior to service: \_\_\_\_\_

Family to receive guests: prior to service \_\_\_ following service \_\_\_

Location: \_\_\_\_\_

By invitation only \_\_\_\_\_ or all attendees \_\_\_\_\_

Food:

sit-down meal \_\_\_ finger foods \_\_\_ desserts \_\_\_

Host/kitchen helpers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# LOCATION OF VALUABLES

Birth Certificate: \_\_\_\_\_

Marriage License: \_\_\_\_\_

Military Discharge Papers (DD214): \_\_\_\_\_

Will or Living Trust: \_\_\_\_\_

Tax Returns: \_\_\_\_\_

Vehicle Titles: \_\_\_\_\_

Advance Directives: \_\_\_\_\_

Property Deeds: \_\_\_\_\_

Insurance Policies: \_\_\_\_\_

House and car keys: \_\_\_\_\_

Safety deposit box: \_\_\_\_\_

Safety deposit box keys: \_\_\_\_\_

Post office box key: \_\_\_\_\_

Wallet, check book and credit cards: \_\_\_\_\_

Stock broker/investment firm: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_

Pre-written Obituary: \_\_\_\_\_

Donor Card: \_\_\_\_\_

Recent Photo: \_\_\_\_\_

Other special items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AGENCIES TO NOTIFY:**

\_\_\_ Social Security Administration

\_\_\_ Life Insurance Co

\_\_\_ Retirement Plan

\_\_\_ Financial Investment Firms

\_\_\_ Bank(s)

\_\_\_ Utility companies

\_\_\_ Division of Motor Vehicles (titles)

\_\_\_ Property Division (deeds)

\_\_\_ Probate Court

**REMARKS/SPECIAL INSTRUCTIONS/NOTES**

