



Final Wishes Plan

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



Alaska Baptist Foundation

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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 : _____

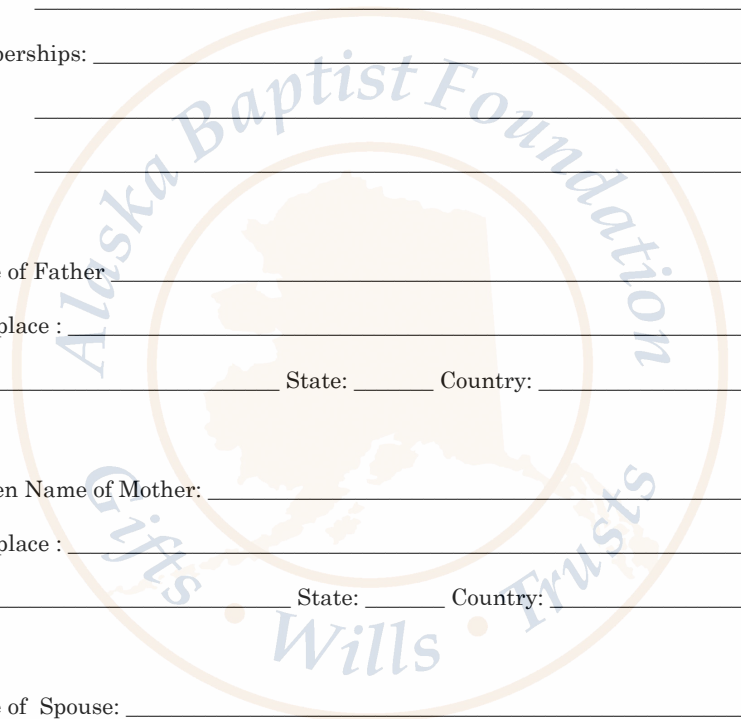
City: _____ State: _____ Country: _____

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: _____

Phone/s: _____

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Name: _____

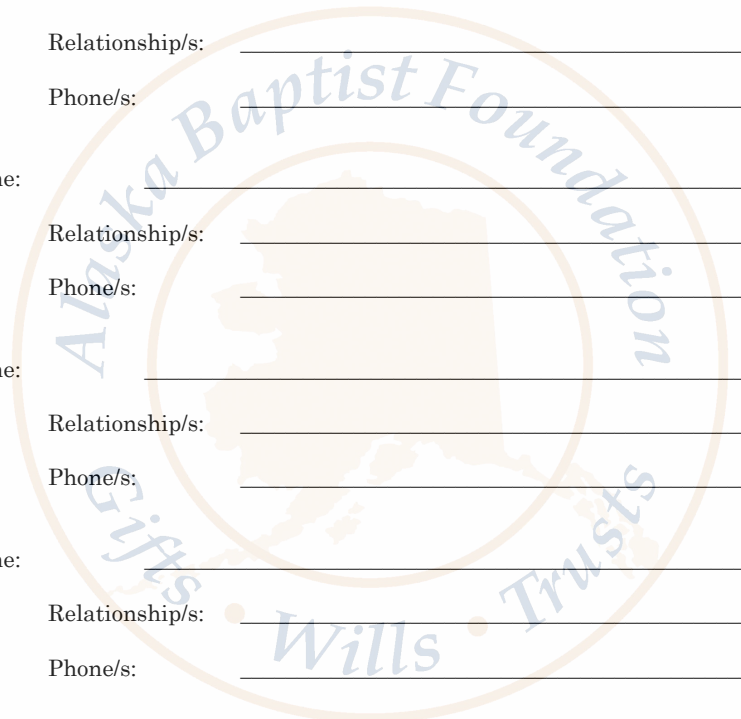
Relationship/s: _____

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: _____

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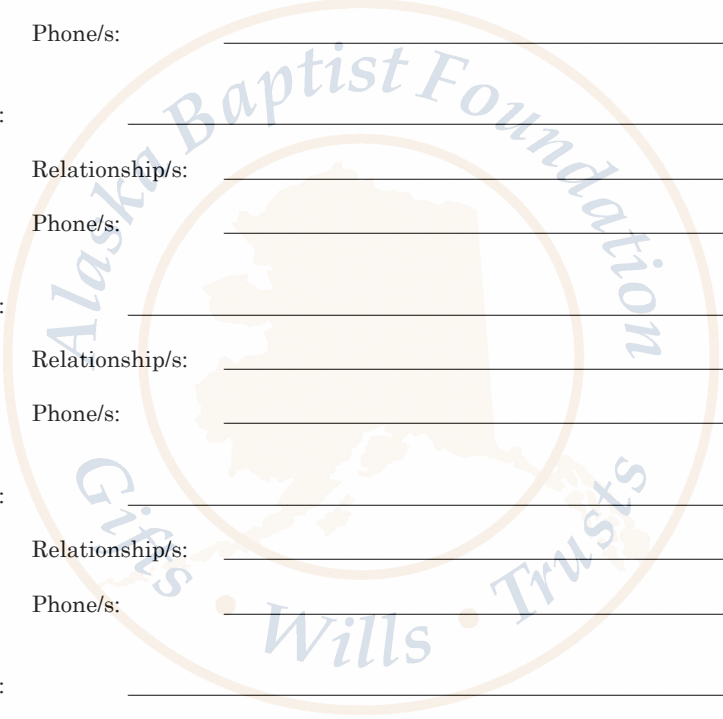
Relationship/s: _____

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: _____

Name: _____

Phone/s: _____

Name: _____

Phone/s: _____

Name: _____

Phone/s: _____

Name: _____

Phone/s: _____

Name: _____

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 ___

other: _____

Description/color: _____

Personal Accessories: _____

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: _____

OTHER

Other Props: _____

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

