

Advance Planning Guide and Biographical Record



Where your wishes have governed for four generations

Locke Funeral Home
1519 West 4th Street
Waterloo, Iowa 50702
(319) 233-6138

www.LockeFuneralHome.com

A Service of Locke Funeral Home

NOTES:

Please don't hesitate to give us a call if you have any questions or concerns when completing this booklet. We're here to help.

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Pre-arranging a funeral—whether that means preplanning, making specific arrangements, or prepaying—is not for everyone but can be very helpful for most. It gives assurance that your wishes and instructions will be carried out.

It is our purpose to fairly, honestly, and compassionately offer our help. We believe we have responsibility to help people make the correct decision for themselves by providing them with information and explaining possible options. When you reach a decision, our help is available to carry out your instructions.

In 1945, C. P. Locke pledged Locke Funeral Home would be “where your wishes govern.” This has held true for four generations in part because we measure our success by your satisfaction with our help.

Locke Funeral Home will help you and your family during this stage in your life. By reading through this booklet at your leisure and filling out what you feel is comfortable, you are insuring your wishes will be carried out. The questions asked in this booklet provide your family and the funeral home with necessary information for filling out forms such as the death certificate, social security form, newspaper obituary and veterans notification. Some of this may be useful to your family at the time of death when locating important papers and arranging the funeral service.

There are several options available to you upon the completion of this booklet. The most important thing to keep in mind is to make sure that someone else knows where this is located.

Please do not hesitate to call us if you have any questions when completing this booklet.

Jack R. Locke
Eric J. Locke
Rick A. Hulstein

Zachary L. Smith
Kristine M. Hirsch, CPC
Michael J. Walden

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If you choose cremation, where are the cremated remains to be delivered? *For example: cemetery, family member, etc.*

I, _____,
have filled out the preceding information in an attempt to
help make decisions at the time of my death.

Signature: _____

Date: _____

Phone Number(s): _____

Local Emergency Contact: _____

Funeral Home: _____

Education:

Elementary/Secondary (years) _____ College (years) _____
In the space below, list schools attended, degrees obtained.

Marital Information: *include spouse's maiden name, marriage date, place of marriage, and date of death, if applicable.*

Social Security Number: _____

Occupation: *include your job title, name of employer, kind of business, years with the company, retirement date.*

Civic or Public Offices Held: *include place, date of service, positions held.*

Lodges or Clubs that you belong to: *include offices held and membership dates.*

Special Achievements or Recognition:

Church Membership: _____

Favorite Hobbies or Activities: _____

Other newspapers you may want notified:

Special Jewelry: *if it is to be removed and who should it be returned to.* _____

Special Instructions for the Visitation: _____

Participating Organizations: *church, military, etc.*

Type of Disposition: *such as burial, cremation, body donation.*

Special Instructions for Committal Service: _____

Cemetery Information:

Name: _____ **Phone:** _____

City / State: _____ **County:** _____

Grave Description: **Section:** _____ **Lot No.:** _____

Space: _____ **Is grave marker installed?:** Yes / No

Monument Dealer Name: _____

Any cemetery services or merchandise purchased?

Casket Bearer Suggestions: _____

Flower Shop: _____

Flower Requests: _____

Memorial Donations: _____

Special Clothing to be Used: _____

Hairdresser: _____ **Phone:** _____

Special Instructions for the Service: _____

Survivors: *include relationship, name, spouse if any, city and state, and phone number.*

Names:
Grandchildren: _____

Great-Grandchildren: _____

Great-Great-Grandchildren: _____

Deceased members of the family: *include relationship.*

Veteran Information:

Are You a Veteran? Yes / No **Branch of Service:** _____

Date Entered into Service: _____

Location: _____

Date of Separation: _____

Location: _____

Grade/Rank: _____

Service Number: _____

Organizations Served With: _____

Receiving benefits due to service related injury? Yes / No

Where is copy of your discharge located? _____

The following section contains a series of questions for you to answer, providing instructions and suggestions for how you want your funeral service. These guidelines will help insure that your final wishes are carried out. A copy of these instructions can be kept in our fireproof file with your biographical record. You may also want to file it with your copy of the biographical record.

Funeral Service Information:

Place of Service: *name of church, funeral home, graveside, etc.*

Clergy: *name and church:* _____

Organist: _____

Vocalist: _____

Special Music or Hymns: _____

Favorite Bible Passages, Quotations, Poems, etc.: _____

NOTES:

Internet Accounts:

Do you have a list of all of your internet accounts with the usernames and passwords? Do you know what will happen to your email and social media accounts after death? We suggest you organize a list of your email, social media, financial institutions, business, social organizations and service provider accounts. This will make things much easier for your loved ones to close accounts and protect your accounts from hackers and identity thieves.

Locke Funeral Home can assist your family with many details following the service.

These details include help:

- Recognizing things which need to be done
- Notifying Social Security Administration
- Applying for Veterans Administration Benefits
- Obtaining certified copies of the Death Certificate
- Assisting with other benefits and claims

KEEP THIS SECTION FOR YOUR RECORDS

***NOT FOR FUNERAL HOME ***

The following information will help your family organize your finances at the time of death. It should also be kept in a lockbox or given to a family member.

Insurance Policies: *Include type of policy, issuing company, location of the policy, agent and agent's phone number.*

Bank Accounts: *Include bank name, account number, and type of account.*

Stocks and Bonds: *Include broker name, phone number and the location of your portfolio.*

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Pension Plans or Annuities: *include company and account number.*

Credit Cards: *include company, account number, and phone number:*

Real Estate Owned: *include street address, city and state.*

Location of Important Papers

Mortgage: _____

Military Discharge: _____

Vehicle Titles: _____

Safe Deposit Box: *Bank:* _____ *Key* _____

Will: _____

Deed or Notes: _____

Other Important Papers: _____

People to be Contacted: *include names and phone numbers.*

Include the names of your:

Physician: _____

Optometrist: _____

Dentist: _____

Pharmacist: _____

Accountant: _____

Attorney: _____