

## MY INFORMATION

PERSONAL INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: (Primary) \_\_\_\_\_  
 Phone: (Secondary) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

NEXT-OF-KIN

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: (Primary) \_\_\_\_\_  
 Phone: (Secondary) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

## MY PLAN

CUSTOM CELEBRATION CHOICES

PROVIDER

My preferred location:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please choose a funeral home  
 or cemetery close to my residence

PLAN CHOICE

Burial       Cremation  
 My preferred ceremony:  
 Good       Better       Best  
 Casket / Urn Choice:  
 Wood       Metal       Other

Catering:	\$ _____	Honorarium:	\$ _____
Charitable Contribution(s):	\$ _____	Cemetery:	\$ _____
Dove Release:	\$ _____	Flag Case:	\$ _____
Balloon Release:	\$ _____	Travel Expenses:	\$ _____
Short Term Family Relief:	\$ _____	Other:	\$ _____
Subtotal:	\$ _____	Subtotal:	\$ _____

## MY LIFE

SPECIAL INSTRUCTIONS

OBIT. POINTS

One: \_\_\_\_\_  
 Two: \_\_\_\_\_  
 Three: \_\_\_\_\_

ACHIEVEMENTS

One: \_\_\_\_\_  
 Two: \_\_\_\_\_  
 Three: \_\_\_\_\_

## COSTS

LIFE EXPECTANCY

TOTAL

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ \* \_\_\_\_\_ = \_\_\_\_\_  
 Plan (Today's Cost)      Custom Options (Today's Cost)      Today's Cost      Factor      Estimated Future Cost

Age	40-44	45-47	48-50	51-53	54-56	57-59	60-62	63-65	66-68	69-71	72-74	75-77	78-80	81-83	84-86	87-89
Male	3.38	3.00	2.74	2.52	2.31	2.13	1.97	1.83	1.70	1.59	1.49	1.41	1.34	1.27	1.23	1.18
Female	3.92	3.45	3.13	2.86	2.61	2.39	2.19	2.02	1.87	1.73	1.61	1.51	1.42	1.34	1.27	1.22

Please fax completed worksheet to 1-866-958-1086 or email to admin@dignityplanning.com

Dignity Planning is a tool used to create your end of life wishes and is offered by the Dignity Memorial network of funeral and cremation providers. Dignity Planning is not a provider of funeral goods or services; your end of life wishes will be fulfilled by a licensed Dignity Memorial provider, if you have chosen a Dignity Memorial location as a part of your plan. This does not create a preneed funeral or cremation contract with Dignity Planning or any Dignity Memorial provider. Because there is no price guarantee, the merchandise and services will be provided at the retail prices in effect at the time of your death.

Signature: \_\_\_\_\_