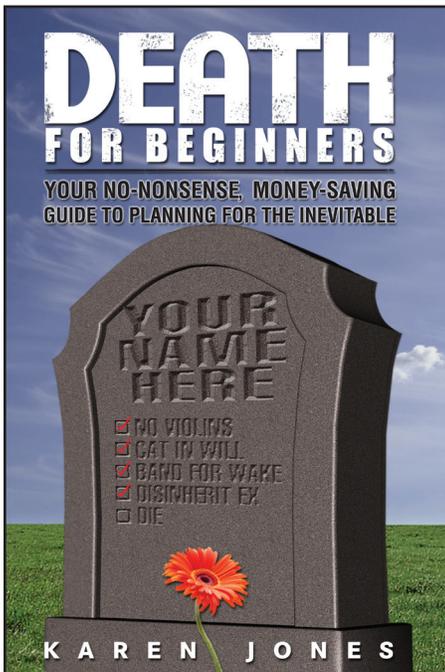


# The *Death for Beginners* Worksheets

from



## DEATH FOR BEGINNERS

YOUR NO-NONSENSE, MONEY-SAVING  
GUIDE TO PLANNING FOR THE INEVITABLE

K A R E N   J O N E S

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### INTRODUCTION TO THE WORKSHEETS

The following worksheets are designed to do two things:

- Help you think through the many choices you may wish to make concerning your final journey and beyond.
- Provide written instructions for you to give to the person or people who will be handling your affairs after you die.

As you move through the worksheets, make a check mark in the appropriate boxes and record necessary information in the blanks. In places where the details you wish to provide will not fit in the space provided, add additional pages as needed and note this on the worksheet. Important note:

*Instructions for filling out the worksheets appear in italics typeface.*

You'll be guided to skip unnecessary parts of the worksheets, depending on the choices you make. Feel free to leave blank those sections where you're ok with having someone else makes the decision, or those areas you don't yet have information for. You can always update your worksheets later.

As you work through them, the worksheets will refer you to appropriate chapters of the *Death for Beginners* book (available from [www.QuillDriverBooks.com](http://www.QuillDriverBooks.com)), so you can refresh your memory on the details of the various choices when needed. (Page numbers *in italics* refer to pages in this worksheet; page numbers **in bold** refer to pages in the *Death for Beginners* book.) After you finish filling out the worksheets and any additional pages, simply make photocopies to hand out. Be sure to keep a copy for yourself. When you update the worksheets, make new photocopies and hand them out again. You can always print out clean blank copies of the worksheets at [www.DeathForBeginners.com](http://www.DeathForBeginners.com).

## MY CHOICES WORKSHEET

The following worksheet records my wishes in the event of my death. Thank you in advance for adhering to them as closely as possible. I've left blank the areas that I don't have any strong feelings about. Please make decisions that you think best in those areas.

Name:

---

Today's date:

---

Financial information, insurance policies, required permits and applications, an eulogy or obituary if I have written one, additional pages and other relevant paperwork is:

Attached

Located here:

---

The location of my will, which names my executor, is:

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## WHAT I WANT DONE WITH MY BODY

Choose one of the six options below and provide the appropriate information. Refer to Chapter One for clarification when necessary.

**Option 1: I would like to bequeath my body to a medical school (see page 2)**

Medical school name and contact information:

---



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I do not wish for my remains to be returned. (Skip to the "Memorial Marker with No Gravesite" section on page 15 of this worksheet.)

I would like my remains to be returned.

Choose one of the two options below:

I would like my remains to be buried. (Skip to the "I Wish to Be Buried" section on page 5 of this worksheet.)

I would like my remains to be cremated. (Skip to the "I Wish to Be Cremated" section on page 8 of this worksheet.)

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If the school declines the donation, my alternate choice is:

- Bequeath my body to a body farm
- Traditional care
- Direct disposition
- Self-service
- Cryonics
- No preference

**Option 2: I would like to bequeath my body to a body farm (see page 2)**

Forensic anthropology center name and contact information:

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If the farm declines the donation, my alternate choice is:

- Bequeath my body to a medical school
- Traditional care
- Direct disposition
- Self-service
- Cryonics
- No preference

**Option 3: I would like my body to be dealt with traditionally (see page 13)**

Name of funeral home and contact information:

---

---

---

*With this choice, select one of the following options:*

- I would like my remains to be buried. (*Skip to the "I Wish to Be Buried" section on page 5 of this worksheet.*)
- I would like my remains to be cremated. (*Skip to the "I Wish to Be Cremated" section on page 8 of this worksheet.*)

**Option 4: I would like direct disposition of my body (see page 9)**

Name of funeral service:

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---

*With this choice, select one of the following options:*

- I would like my remains to be buried. *(Skip to the "I Wish to Be Buried" section on page 5 of this worksheet.)*
- I would like my remains to be cremated. *(Skip to the "I Wish to Be Cremated" section on page 8 of this worksheet.)*

**Option 5: I would prefer self-service (see page 11)**

Name and contact information for person who will be in charge:

---

---

---

*With this choice, select one of the following options:*

- I would like my remains to be buried. *(Skip to the "I Wish to Be Buried" section on page 5 of this worksheet.)*
- I would like my remains to be cremated. *(Skip to the "I Wish to Be Cremated" section on page 8 of this worksheet.)*

**Option 6: I would like to preserve my body via cryonics (see page 14)**

Name and contact information of cryonic organization:

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---

---

*If you chose cryonics, skip to the "Memorial Marker with no Gravesite" section on page 15 of this worksheet.*

**I WISH TO BE BURIED**

*Check the box above if you wish to be buried. You have four choices for burial. Choose one of the options and provide the appropriate information. Refer to Chapter Two for clarification when necessary. If you would rather be cremated, skip to the “I Wish to Be Cremated” section on page 8 of this worksheet.)*

 **Option 1: I wish to have a traditional burial (see page 21)**

Name of funeral home and contact information:

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---

I wish to be embalmed (see **page 31**)

**OR**

I prefer refrigeration without embalming

*Choose one of the following two options for where you want to be buried:*

I prefer burial in the Earth (see **page 23**)

- use a vault
- use a liner
- use neither
- in a plot
- in a grave

**OR**

I prefer entombment (see **page 25**)

- in an above ground mausoleum
- in an underground crypt

Name, location, and contact information of cemetery or mausoleum:

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---

I am a veteran and wish to be buried in a national cemetery (see **page 26**).

*If you chose a Traditional Burial, skip to the “My Casket Choices” section on page 7 of this worksheet.*

**Option 2: I wish to have a green or natural burial (see page 28)**

*Choose from one of the following types of cemeteries:*

- I prefer a conventional cemetery.
- I prefer a natural burial ground.
- I prefer a conservation burial ground.

Name, location and contact information of cemetery:

---

---

---

*If you chose a green or natural burial, skip to the “My Casket Choices” section on page 7 of this worksheet.*

**Option 3: I wish to be buried at sea (see page 33)**

Name and contact information of maritime funeral director:

---

---

---

Location of commitment:

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- I am a veteran and wish to be buried at sea by the United States Navy (see **page 36**).

I would prefer the following be used for my body:

- sailcloth
- a weighted body bag
- a marine coffin
- no preference

*If you chose to be buried at sea, skip to the “Memorial Marker with No Gravesite” section on page 15 of this worksheet.*

**Option 4: I wish to have a home burial or other non-cemetery site (see page 38)**

Location of burial site:

---

---

---

Name and contact information of person or company to provide necessary services:

---

---

---

Necessary permits have been acquired and are attached to this worksheet?

- yes
- no

**MY FOUR CASKET CHOICES**

*Choose one of the four options below and provide the appropriate information. Refer to Chapter One for clarification when necessary.*

- I wish to have a traditional casket (see page 66).**
- I wish to have a nontraditional casket (see page 69).**
- I wish to have a green or natural casket (see page 72).**
- I wish to have a homemade casket. (see page 74).**
- I have checked with the cemetery and they have approved this type of casket.**

Details:

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---

I have already purchased my casket. Here are the details, including the location:

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---

I have picked out a casket, but haven't purchased it; here are the details:

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---

I have not picked out my casket but I want to spend only this amount of money: \$\_\_\_\_\_.

*Skip to the "I Wish to Have a Memorial Marker" section on page 13 of this worksheet.*

**IF I DIE OUTSIDE OF THE COUNTRY:**

**Ship the entire body home.**

**Cremate my remains and then ship the remains home.**

**I WISH TO BE CREMATED**

*Check the box above if you wish to be cremated. Choose from the following options and provide the appropriate information. Refer to Chapter Three for clarification when necessary.*

**I want direct cremation (see page 50).**

**OR**

**I want a traditional cremation (see page 51).**

Name and contact information of crematorium:

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**I wish to have a funeral service handle the transportation of my body.**

Name and contact information of funeral service provider:

---

---

---

**OR**

**I wish to not use a funeral service.**

Person in charge of transporting body if no funeral service provider is used:

---

---

---

**I wish to be embalmed.**

**OR**

**I prefer refrigeration without embalming.**

### **MY FOUR PRE-CREMATATION COFFIN CHOICES**

**I wish to have a traditional crematorium-approved coffin (see page 77).**

**I prefer to have a rental coffin to be used for the service or viewing (see page 78).**

**I prefer an inexpensive crematorium-provided container not suitable for use at a service or a viewing (see page 78).**

**I wish to have a nontraditional casket (see page 79):**

I wish to have a green or natural casket.

I wish to have a homemade casket.

I have checked with the crematorium and they have approved this type of casket.

Details:

---

---

I have already purchased my casket. Here are the details, including the location:

---

---

---

I have picked out a casket, but haven't purchased it; here are the details:

---

---

---

I have not picked out my casket but I want to spend only this amount of money: \$\_\_\_\_\_.

### **MY FOUR URN CHOICES**

I wish to have a traditional urn (see page 80).

I wish to have a nontraditional urn (see page 82).

I wish to have a green, natural, or homemade urn. Here are the details:

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---

A crematorium-provided urn is fine with me (see page 84).

I wish to have an urn that is made for scattering ashes (see page 82).

I have already purchased my urn; here are the details:

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---

I have picked out a urn, but haven't purchased it, here are the details:

---

---

---

I have not picked out my casket but I want to spend only this amount of money:

\$ \_\_\_\_\_.

**WHAT I WANT DONE WITH MY ASHES (see pages 55–60)**

*Choose one of the eight options below and provide the appropriate information. Refer to Chapter Three for clarification when necessary.*

**Option 1: I would like my ashes buried in a cemetery (see page 55).**

I am a veteran and wish for my ashes to be buried in a national cemetery.

**Option 2: I would like the urn my ashes are in to be placed in a columbarium (see page 57).**

Name, location and contact information of cemetery or columbarium:

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**Option 3: I wish to have my ashes buried at home or at another non-cemetery site (see page 58).**

Name and location of burial site:

---

---

---

Persons I would like to be in charge of this:

---

---

**Option 4: I wish for my ashes to be buried at sea (see page 56).**

Name and contact information of maritime funeral director:

---

I am a veteran and wish for my ashes to be buried at sea by the United States Navy (see page 56).

**Option 5: I would like the urn my ashes are in to be placed in a home or other private setting (see page 58).**

Location:

---

---

Persons I would like to be in charge of this:

---

---

**Option 6: I would like my ashes scattered (see page 58).**

by hand

by balloon

by potato gun

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

Location for my ashes to be scattered:

---

---

---

Persons I would like to be in charge of this:

---

---

Permits, if any are required, have been acquired and are attached to this worksheet:

Yes

No

**Option 7: I would like some or all of my ashes to be made into (see page 59).**

- an ocean reef
- a piece of jewelry
- a walking stick
- potting soil
- other: \_\_\_\_\_

Name and contact information of the company or organization that be in charge of doing this:

---

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---

*If you choose to have only some of your ashes made into an object, be sure to make another selection detailing what you want done with the remainder of your ashes.*

**Option 8: I have my own ideas about what I want done with my ashes. Here are the details:**

---

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---

**I DO NOT WISH TO HAVE A MEMORIAL MARKER.**

*Skip to the "I Want a Service or Celebration" section on page 15 of this worksheet if you do not wish to have a memorial marker, otherwise continue below. Refer to Chapter Six for clarification when necessary.*

**I WISH TO HAVE A MEMORIAL MARKER (SEE PAGES 121–125).**

**I have already purchased my marker. Here are the details, including its location:**

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---

---

I have cemetery approval for this marker.

**I have picked out a marker, but haven't purchased it. Here are the details:**

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---

I have cemetery approval for this marker.

**I have not picked out a marker, but I want to spend only this amount of money:**

\$ \_\_\_\_\_.

**I am a veteran and the Department of Veterans Affairs will furnish a government headstone or marker (see page 122).**

**I would like my marker made from the following materials:**

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---

**I would like my marker to look like the following:**

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---

**I would like the following words to appear on my marker:**

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---

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- Since I won't have a gravesite (as is the case with a burial at sea, a scattering of ashes, and similar methods of the disposal of remains (see page 126)), I would like my marker to be placed as follows:**

Location and pertinent details:

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- I DO NOT WANT A SERVICE OR CELEBRATION.**

*If you wish for there to be a service or a celebration of your life, complete the appropriate sections below. If you don't want either, skip this section and continue to "I Want an Eulogy" on page 20 of this worksheet. Refer to Chapter Five for clarification when necessary.*

- I WANT A SERVICE OR CELEBRATION.**

- I would like the following (see pages 92–98):**

- a traditional funeral
- a memorial service
- a committal service
- an alternative service

- I would like the format to be (see pages 98–102):**

- religious
- nonreligious
- private
- a family gathering
- wild and crazy

Location:

---



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---

Person I would like to preside:

---

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---

Additional speakers should include

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---

I would like the following readings and remembrances to be presented:

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---

I would like the following music to be played, organist to play, soloist to sing:

---

---

---

I would like a video presentation.

Person or persons I would like to be in charge of this:

---

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---

I would like printed programs to include the following verses, pictures, photographs, biography, eulogy:

---

---

---

---

I would like these items on my memorial table:

---

---

---

I would like my casket or urn to be present.

I would like the casket open.

I would like the casket closed.

I would like the following people to be pallbearers and honorary pallbearers:

---

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---

I don't want my casket or urn to be present.

Things I specifically do *not* want included in my service:

---

---

---

Additional things I would like including flowers and special decorations:

---

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---

**I DO NOT WANT A WAKE.**

*Skip to the next section if you don't wish to have a wake or don't care one way or another.*

**I WOULD LIKE A WAKE (SEE PAGE 107).**

**I would like my casket or urn to be at the wake.**

**I don't want my casket or urn to be at the wake.**

Location and other details including memorial table items, music, special stories, food, a toast, a message to be read and a gift to the owner if applicable.

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---

Person or persons I would like to be in charge of this:

---

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---

**I DO NOT WANT A VISITATION.**

*Skip to the next section if you don't wish to have a visitation or don't care one way or another.*

**I WOULD LIKE A VISITATION (SEE PAGE 105).**

**I would like my visitation to be formal.**

**I would like my visitation to be informal.**

Location and other details including video presentation, readings, memorial table items, music, flowers, food, drink, and information for printed programs:

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---

---

Person or persons I would like to be in charge of this:

---

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---

**I would like a small service included in my visitation.**

Location and other details including readings, video, music, flowers, speakers and printed programs:

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---

Person or persons I would like to be in charge of this:

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**I DO NOT WANT A VIEWING.**

*Skip to the next section if you don't wish to have a viewing or don't care one way or another.*

**I WOULD LIKE A VIEWING (SEE PAGE 105).**

**I would like my viewing to be formal.**

**I would like my viewing to be informal.**

Location and other details including instructions about makeup and hair, photograph for mortician, clothing, jewelry and what should be done with your jewelry afterwards, video, items for memorial table, if any, flowers and music:

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---

Person or persons I would like to be in charge of this:

---

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**I DO NOT WANT A EULOGY.**

*Skip to the next section if you don't wish to have a eulogy or don't care one way or another.*

**I WOULD LIKE A EULOGY (SEE PAGE 103).**

**I have written my eulogy and it is:**

attached

located here: \_\_\_\_\_

**I would like the following person to write my eulogy:**

---

- I would like my eulogy to contain the following information including theme, accomplishments, what was important to me and how my life reflected it, specific readings or quotes, anecdotes, dreams and wishes for those left behind:**

---

---

---

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---

- I would like the following omitted from my eulogy:**

---

---

---

- I would like the following person to read my eulogy:**

---

- BURIAL OR SCATTERING AFTER SERVICE**

- I would like a burial or scattering of ashes directly following the service.**

Location and other details including music, readings and person to preside.

---

---

---

**OR**

**I would like a burial or scattering of ashes to be held at a later date.**

Location and other details including whether it will be private, open to only a few friends or open to all, if there will be a small service, music, readings, person to preside.

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**I DO NOT WANT A RECEPTION.**

*Skip to the next section if you don't wish to have a reception or don't care one way or another.*

**I WOULD LIKE A RECEPTION (SEE PAGES 108–111).**

**I would like my reception to be formal.**

**I would like my reception to be informal.**

Location and other details including music, flowers, personal message to be read, special stories to be re-counted, memorial table items, food, drink, video, special decorations or displays, as well as anything I specifically do not want at the reception:

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Person or persons I would like to be in charge of this:

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**I Do Not Want An Obituary.**

*Skip to the next section if you don't wish to have an obituary or don't care one way or another.*

**I Would Like An Obituary (See Pages 114-118).**

*You will list information for your obituary in the Personal Information section on page 194.*

**I have written my obituary and it is:**

attached

located here: \_\_\_\_\_

**Include the photo that is:**

attached

located here: \_\_\_\_\_

**Include the following donation in lieu of flowers:**

---

---

**I want the following person to write my obituary:**

---

**I do *not* want the following mentioned in my obituary:**

---

---

**I do *not* want the following person or persons to write my obituary:**

---

---

**I would like my obituary to:**

Be sent to these newspapers:

---

---

Posted on these social or business websites:

---

Sent to these organizations (social and professional):

---

Sent to these professional magazines:

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**I would a special memorial posted at these sites (see page 125):**

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---

I would like my on-line memorial page to include the following (e.g. biography, video, audio, pictures, donation button, links, guestbook):

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---

**I Do NOT WANT TO DONATE MY ORGANS.**

*Skip to the next section if you don't wish to donate your organs or don't care one way or another.*

**I WOULD LIKE TO DONATE MY ORGANS (SEE PAGE 6).**

**I wish to donate everything that can be used.**

**I wish to donate only the following circled items:**

Organs : Heart, lungs, kidneys, pancreas, liver, intestines;

Tissues: Corneas, skin, veins, tendons, bone, bone marrow, heart valves, connective tissue, the middle ear, cartilage, ligaments;

Stem Cells: Marrow, peripheral blood stem cells, cord blood stem cells; Blood products: Blood, platelets;

Other instructions include:

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---

**A uniform donor card has been filled out and is attached to this worksheet:**

Yes

No

*See below for the uniform donor card.*

### **UNIFORM DONOR CARD**

I, \_\_\_\_\_, have spoken to my family about organ and tissue donation. The following people have witnessed my commitment to be a donor.

I wish to donate the following:

any needed organs and tissue,

only the following organs and tissue:

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

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

## PERSONAL INFORMATION

### MY PERSONAL INFORMATION

Please use this information for my obituary, if any, the death certificate, and for other legal or benefits requirements. I have attached additional pages where needed.

Full name (including maiden name, if appropriate):

---

Current address:

---

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Phone:

---

Date of birth:

---

Place of birth:

---

Social Security Number:

---

Name of my Spouse or partner:

---

My children and their spouses or partners:

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---

My grandchildren:

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---

Full name of both mother and father:

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My siblings:

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My other relatives' names and relationships:

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My other special friends, pets and associates:

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My education:

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My designations, awards, achievements, and other recognition:

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My employment:

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---

My hobbies, sports and other activities including volunteering:

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---

My affiliations (including local and national professional, religious, and political organizations:

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---

Places I've lived:

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---

**I am a veteran.**

Service serial number

---

Service branch

---

Dates of service and discharge rank

---

Medals of special service

---

## PEOPLE TO BE NOTIFIED

Please notify these friends and family immediately:

Name:

---

Phone:

---

Please notify these people immediately:

Attorney or legal advisor:

---

Phone:

---

Accountant or financial advisor:

---

Phone:

---

Executor of my estate:

---

Phone:

---

Physician:

---

Phone:

---

Spiritual Counselor:

---

Phone:

---

**PAPERS TO BE GATHERED IMMEDIATELY**

*Check mark if you have these items and papers and include their location.*

- Safe Deposit Box, including name on account, institution, box number, key location and assignee:**

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- Will:**

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- Durable Power of Attorney:**

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- Computer information, USB stick, passwords:**

---

- Checkbook:**

---

- Current bills:**

---

**Birth certificate:**

---

**OTHER PAPERS THAT WILL BE NEEDED LATER**

*Checkmark if you have these items and papers and include their location.*

**Certificates of marriage, baptism:**

---

**Legal papers including divorce, nationalization, adoption:**

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**Non-financial contracts:**

---

**DEATH BENEFITS INFORMATION**

*Check if you have these benefits and provide the company name, contact information, policy number, amount, and beneficiary.*

**Annuities:**

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**Pensions:**

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**Employer profit-sharing / 401K:**

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**Employer workman's compensation (supplemental to insurance):**

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**Medicare:**

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**Veterans Administration:**

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**Social Security:**

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**Memorial society or pre-paid funeral plans:**

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**Mutual aid plans such as church groups::**

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**Federal, state, or local employees' benefit programs:**

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**INSURANCE INFORMATION**

*Check if you have these benefits and provide the company name, contact information, policy number, amount, and beneficiary.*

**Life insurance:**

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**Medical insurance:**

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**Veterans' insurance:**

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**Annuities insurance:**

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**Pension insurance:**

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**Health and accident insurance:**

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**Auto and Casualty insurance:**

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**State or governmental compensation insurance:**

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**Fraternal, Trade, Credit Union insurance:**

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**Employer accident insurance:**

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**Federal Government Railroad Retirement Board insurance:**

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---

## FINANCIAL INFORMATION

*Check if you have these financial holdings and provide the institution, name on account, and account number.*

**Checking account:**

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**Savings account:**

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**IRA:**

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---

**CD:**

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**Money market:**

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---

**Stocks and bonds:**

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**Credit cards:**

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**Mortgages:**

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---

**Promissory notes:**

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**REAL ESTATE INFORMATION**

*Check if you have these holdings and provide the location, deed holder, date acquired, and purchase price.*

**House, condominium, co-op:**

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---

**Out-of-state property:**

---

---

**Rental Property:**

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## OTHER TITLES, DEEDS AND LEASES

Check if you have these holdings and provide the proper information including make, year, model, and license number.

**Automobile:**

---

---

**Boat:**

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**RV:**

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**Other:**

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---

## SUDDEN DEATH CHECKLIST

*If you have to attend to the death of another, this checklist will be helpful.*

### IF YOU ARE PRESENT AT TIME OF DEATH:

- Sudden death at home, call 911. The paramedics will notify police and coroner.
- Expected death at home, call your doctor. He will make the other calls.
- Expected death at home with hospice care, call the hospice organization.
- Death abroad, contact the Overseas Citizens Services Department of the U.S. Department of State: 1-888-407-4747 (from overseas: 202-501-4444) [travel.state.gov/travel/tips/emergencies/emergencies\\_3878.html](http://travel.state.gov/travel/tips/emergencies/emergencies_3878.html).

### IMMEDIATE DECISIONS/ACTIONS

- Autopsy—Usually required for unattended death or death at home, depending on the decision of the medical examiner. If an autopsy is not required but you want one, you may have to pay a fee that can range up to several thousand dollars. It usually takes two months for the full results of an autopsy to become available.
- Organ Donation—Do you know the deceased's wishes? Look for a donor card. Let hospital staff know immediately. Organs must be used between 6 and 72 hours after removal from the donor's body. One can donate heart, lungs, kidneys, pancreas, liver, intestines, corneas, skin, veins, tendons, bone, bone marrow, heart valves, connective tissue, and blood.
- Dependents— Check on dependents needing immediate care. This may include children, the disabled and elderly dependents. Don't forget all pets.
- Disposition of Body— If no instructions have been left, ask the deceased's family, spiritual guidance provider or legal advisor. For options, see Chapter One.

### IMMEDIATE NOTIFICATIONS BY PHONE

- Immediate family and close friends
- Doctor, if not already called
- Priest, minister, family counselor, rabbi, or other spiritual advisor
- Executor of estate
- Attorney
- A friend to brainstorm with
- Any relative who will have to make travel plans
- Employer
- Funeral provider

**SECONDARY PHONE NOTIFICATIONS**

- Extended family
- Extended circle of friends
- Neighbors
- Children's teachers

**SECONDARY DECISIONS/ACTIONS**

- Find the will and give it to the executor
- Gather all deceased's vital statistics for the death certificate
- Get at least 10 certified copies of the death certificate
- Look for bills, credit cards, mortgages, things needing immediate payment
- Cancel subscriptions to newspaper, internet, TV accounts, magazines, etc.
- Notify all utilities and have mail forwarded
- Arrange for house sitting, if needed
- Write the obituary—see Chapter 6 for suggestions
- Have someone start on the eulogy—see Chapter 5 for suggestions
- Start planning the service / funeral / interment —see Chapter 5 for suggestions

**THIRD ROUND OF NOTIFICATIONS**

- Phone calls to standing appointments such as hairdresser, volunteer committee, social clubs
- Phone calls to therapists, other doctors, house and garden help.
- Formal e-mail sent to distant family members, casual friends, selected business associates, and membership programs such as gyms, library, and recreation centers
- Written formal notice sent to business clients, professional licenses such as medical licenses, bar associations, CPA associations.

**OTHER DECISIONS**

- Look back at the worksheets for ideas regarding all arrangements.
- Have someone coordinate hospitality and transportation for out of town visitors.
- Choose someone to send acknowledgements after the fact as a thank you.
- Coordinate who supplies the food for the next couple of days.
- Decide where funeral flowers will be sent afterwards.
- Choose someone to take turns answering door, recording calls and gifts.
- Check to see if the house needs to be cleaned etc.
- Have someone stay at the residence during the funeral.
- Have a computer savvy friend place announcements on social networking sites.

- Arrange for transportation for the day of the funeral.
- Make arrangements for child care during service and reception.
- Arrange for any gratuities that will be necessary.

## DAY OF FUNERAL

- Someone responsible specifically for getting everyone dressed and out of the door.
- Have someone in charge at the home, phones, and coordination on the day of the funeral.
- Have someone house sit during services.
- EHow—“How To Plan A Funeral”: [www.EHow.com/how\\_3455\\_funeral.html](http://www.EHow.com/how_3455_funeral.html)
- “How to Plan an Affordable Funeral,” Kimberly Palmer, October 17, 2007, *U.S. News & World Report*: [www.USNews.com/blogs/alpha-consumer/2007/10/17/how-to-plan-an-affordable-funeral.html](http://www.USNews.com/blogs/alpha-consumer/2007/10/17/how-to-plan-an-affordable-funeral.html)

## PHONE NUMBERS YOU MAY NEED

- Social Security: 1-800-772-1213 (TTY) 1-800-325-0778.
- Medicare: 1-800-MEDICARE (1-800-633-4227).
- Veterans Affairs: 1-800-827-1000 (TDD) 1-800-829-4833.
- Veteran Affairs, retired and receiving military retired pay: call the Defense Finance and Accounting Service (DFAS), at 1-800-321-1080.
- Veteran Affairs, retired and receiving compensation or pension from the VA: 800-827-1000.
- Active Military:
  - Air Force: 877-353-6807
  - Army: 800 626-3317
  - Navy: 800-368-3202
  - Marines: 800-847-1597
  - Coast Guard: 800-323-7233
- Credit reporting agencies:
  - Equifax: 1-888-766-0008
  - TransUnion: 1-888-909-8872
  - Experian: 1-888-397-3742
- Department of Motor Vehicles
- Internal Revenue Service 1-800-829-1040 (TDD)1-800-829-4059.

*You have completed the worksheets!*

*Feel free to make extra notes and attach them to this document. Now is the time to make copies and distribute them to those who you believe will be left behind to take care of business.*

*You can always download fresh versions of the worksheets at **DeathForBeginners.com**. I urge you to consider telling your friends and family to download the forms for their own use—just be sure to let them know that everything in the worksheets makes much more sense if they buy the Death For Beginners book, as well.*

*Congratulations! You have done a very good thing.*

*Happy Trails!*

*—Karen Jones*