



Smith
LIFE & LEGACY

A PERSONAL PLANNING GUIDE TO MY STORY



To My Family:

I prepared my personal planning guide with you in mind. I hope this will lessen the burden you will have at the time of my passing, and will give you the needed support and direction as you transition to a new stage of life.

I have provided you with my personal wishes for how I want to be remembered, including my preferences for the services, disposition, and other important information you will need.

Please know that these funeral services are for your support and well-being. If you would like to make choices that will better help you mourn, you indeed have my blessing.

Signature

Date

Honoring life + legacy.

HOW TO Use This Guide

A meaningful funeral is an important part of adjusting to the loss of a loved one. That is why people throughout history have held special funeral events to honor one's life story. At Smith Funeral & Cremation Service, we have found that families find nurturing support from five (5) core services. In your planning, as you think about how you want to be remembered, consider how each element may help your family.

- 1 A Private Family Time:** Provides a secure and unhurried environment so that your family may have an opportunity to encounter their loss and privately mourn together.
- 2 A Visitation for Family and Friends:** Provides a shared experience with family, friends and community at a scheduled time of choice so that your family may receive condolences and encouraging support.
- 3 A Ceremony to Honor Life:** Provides an opportunity to honor your story so that your family may embrace the meaning of your life and experience movement toward wholeness and well-being.
- 4 A Final Disposition:** Provides a meaningful location for your remains so that your family will have a place for remembrance and reflection.
- 5 A Gathering:** Provides a suitable meeting facility so that your family and friends may unwind together and share refreshments.

How I Want To Be Remembered

1 A PRIVATE TIME FOR MY FAMILY

I encourage my family to spend some private time together before my final disposition: Yes / No / No Preference

Location: At Funeral Home Other Location _____ No Preference

If some members of my family choose to do a final farewell viewing, my preference for the preparation for my body is: Embalming / No Embalming / Eco-Friendly Embalming

Other special instructions (jewelry, clothing, etc.) _____

2 A VISITATION FOR MY FAMILY AND FRIENDS

Location: Trinity Chapel East Hall Life Event Center No preference
 West Chapel Hampton Hall Smithview Pavilion Other _____

Selection of Casket and/or Urn: _____

Other Instructions: _____

3 A CEREMONY TO HONOR MY LIFE

Location: Trinity Chapel East Hall Life Event Center No preference
 West Chapel Hampton Hall Smithview Pavilion Other _____

Eulogy Presented By: _____ Second Choice: _____

Celebrant / Clergy: _____ Second Choice: _____

Other Speakers: _____

Music/Readings: _____

Other Ideas: _____

Video Tribute: Y / N Memorial Portrait/Picture: Y / N Memorial Picture Board: Y / N

Other Personalization Options: _____

4 MY FINAL DISPOSITION

Location for casket, urn, or scattering: _____
 If burial, choice of vault: _____
 Permanent Memorial Marker Inscription: _____
 A Procession: Y / N Military Honors: Y / N Dove / Balloon Release: Y / N
 Pallbearers: _____
 Speakers: _____
 Music/Readings: _____
 Other Ideas: _____

5 A GATHERING/RECEPTION FOR MY FAMILY

Location: Life Event Center Hampton Hall Smithview Pavilion Other _____
 Favorite food or drink to be served in my honor: _____
 Other Special Instructions: _____

Obituary Information

Newspapers to Notify: _____
 Memorial Contributions: _____
 Occupation: _____
 Memberships / Hobbies / Interests: _____

 Military Service: _____
 Education/Awards: _____

Preceded in Death By:

Name	Relation	Address

Survived By:

Name	Relation	Address

LAST

FIRST

MIDDLE

DATE

Authorization

I, _____, have given the preceding information to Smith Funeral & Cremation Service in order to provide my family with a guide in planning a meaningful ceremony at the time of my death. I understand that the information recorded herein is on file at the funeral home.

Signature: _____ Date: _____

Family Services Signature: _____ Date: _____

Certified Death Certificate Information

DECEDENT

1. Legal name (first, middle, last, suffix)		2. Sex	3. Date of birth (month, day, year)	
4. Birthplace (city and state or foreign country)		5. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		
6. Surviving spouse (if wife, give name prior to first marriage)		7a. Usual occupation		7b. Kind of business/industry
8. Social Security Number	9a. Residence-state or foreign country	9b. County		9c. City or town
9d. Street and number		9e. Inside city limits <input type="checkbox"/> Yes <input type="checkbox"/> No	9f. Zip code	
10. Were you ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Education (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree (e.g. AA,AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		12. Hispanic origin? (Check the box that best describes your ethnicity. Check the "No" box if you are not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		13. Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
PARENTS				
14. Father's name (first, middle, last)				
15. Mother's name (first, middle, last)				
16a. Informant's name		16b. Relationship to you		
16c. Informant's mailing address (street and number, city, state, zip code)				
17a. Method of disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				
17b. Place of disposition (Name of cemetery, crematory, other place)				
17c. Location - City, town or state				

