



Memorial Planning Guide

A Word About Oxford Life®

Your Memorial Planning Guide is given to you as a courtesy by Oxford Life Insurance Company®. Oxford Life specializes in providing quality life, annuity and health insurance products and is among the strongest insurance companies in the industry. Professionally managed, financially strong, and staffed with warm, friendly people, Oxford Life enjoys a reputation for caring and prompt service.

Take a few moments to collect your thoughts and record them in this Memorial Planning Guide.



**Please accept this complimentary guide on behalf of
Oxford Life Insurance Company®**

List of 50 Usual “First Things First”

On the day a loved one dies, there are so many demands on the survivors. By preplanning the final arrangements, the burden of these decisions can be eased. On this very difficult day, these are the usual “First Things First” that must be completed.

Notify These People

- | | | |
|---------------------------|-----------------------------|------------------------------------|
| 1. Physician or Coroner | 6. All Friends | 11. Unions/Fraternal Organizations |
| 2. Funeral Director | 7. Employers | 12. Newspaper |
| 3. Cemetery/Memorial Park | 8. Organist & Choir/Soloist | |
| 4. Minister & Church | 9. Pallbearers | |
| 5. All Relatives | 10. Insurance Agents | |

Select These Items

- | | | |
|----------------------|-----------------------------------|--------------------|
| 13. Memorial Space | 19. Music | 23. Place |
| 14. Casket | 20. Food for Memorial Luncheon | 24. Transportation |
| 15. Vault/Outer Case | 21. Seating for Memorial Luncheon | 25. Card of Thanks |
| 16. Clothing | 22. Time | |
| 17. Blanket/Robe | | |
| 18. Flowers | | |

In Addition You May Be Asked To

- | | |
|---|---|
| 26. Provide vital statistics about the deceased | 31. Greet relatives & friends who visit your home |
| 27. Prepare & sign necessary papers | 32. Provide lodging for out-of-town guests |
| 28. Provide addresses for parties who must be notified | 33. Cleaning home prior to sympathy calls |
| 29. Answer sympathetic phone calls & messages | 34. Planning funeral car list |
| 30. Meet & talk with family & friends about the details | |

And You Must Pay Some Or All Of The Following

- | | | |
|----------------------|-----------------------|----------------------------|
| 35. Physician | 41. Interment Service | 47. Phone/Telegraph |
| 36. Nurse | 42. Minister | 48. Food |
| 37. Hospital | 43. Organist | 49. Memorials |
| 38. Medicine & Drugs | 44. Florist | 50. Family Memorial Estate |
| 39. Funeral | 45. Clothing | |
| 40. Cemetery Lot | 46. Transportation | |

To Help You Make Social Security and Veteran's Benefits Claims

Prior to making a claim for Social Security or Veteran's Benefits, locate the following documents:

1. Certified Copies of Death Certificate
2. Certified Copies of Marriage License or Termination of Marriage Decree
3. Children's Birth Certificates
4. Deceased's & Survivor's Social Security Numbers
5. Proof of Widow(er)'s Age 62 or Older
6. W-2 or Schedule C Earnings Record from Preceding Year

Social Security Benefits

The nearest Social Security Office is in _____
Social Security may pay a small lump sum death benefit to assist with final expenses. The actual amount payable is determined by past earnings. A three month processing period is not unusual before Social Security Benefits actually begin. Your Oxford Life agent can be helpful in coordinating your life insurance needs with any Social Security Benefits to which your survivors may be entitled.

Veteran's Benefits

The nearest Veteran's Administration Office is located in _____ (City & State). Veterans who, at the time of death, were entitled to a pension or compensation, died while hospitalized or living in a VA facility or other facility at VA expense, who were discharged or retired from service due to a disability incurred or aggravated in the line of duty, or who are indigent with no claim for their remains, may be entitled to payments for a burial plot and interment, funeral and burial, a burial flag, and/or a headstone or grave marker supplied by the VA.

Important Documents

Location of the Following Documents

Last Will and Testament _____

Birth Certificate _____

Military Discharge _____

Marriage Certificate _____

Children's Birth Certificates _____

Deeds and Titles _____

Mortgages and Notes _____

Income Tax Records _____

Trust Documents _____

Safety Deposit Box and Keys _____

Policy Information

Life Insurance Company and Policy No.

Life Insurance Company and Policy No.

Annuity Contract Company and Contract No.

Medical/Hospital Insurance Company and Policy No.

Disability Insurance Company and Policy No.

Long Term Care Insurance Company and Policy No.

Automobile Insurance Company and Policy No.

Homeowners Insurance Company and Policy No.

About My Family and Me

First Name Middle Name Last Name

Street Address City County State Zip Code Phone Number

Birth Place City/County/State/Country Birth Date: Mo/Day/Yr

Social Security Number Usual Occupation or from which Retired

Most Recent Employer

Father's Name Birth Date: Mo/Day/Yr Birth Place: City/County/State

Mother's Maiden Name Birth Date: Mo/Day/Yr Birth Place: City/County/State

Marital Status Married Single Divorced Widow(er)

Spouse's Name (include Maiden Name) Birth Date: Mo/Day/Yr

Spouse's Birth Place: City County State

Date & Location of Marriage

More About My Family

If a Veteran, complete this section

Time of Service _____

Service Branch _____

Military Service Number _____ Rank _____

Date Enlisted

Date Discharged

Location of Discharge Papers

Children

Grandchildren

Any additional information

People to Notify

Name _____

Address _____

Relationship _____ Phone # _____

Name _____

Address _____

Relationship _____ Phone # _____

Name _____

Address _____

Relationship _____ Phone # _____

Name _____

Address _____

Relationship _____ Phone # _____

Please Also Contact These Key People Immediately

Funeral Director/Home Address Phone #

Attorney Address Phone #

Accountant Address Phone #

Family Physician Address Phone #

My Personal Memorial Instructions

Religious Affiliation _____

Where Memorial Service is to be held _____ Address/City/State/Zip _____

Please contact:

Name _____ Address/City/State/Zip/Area Code & Phone # _____

Name of Participating Fraternal or Military Organization, if any _____

Name of Funeral Home/Director _____ Place of Interment _____

I prefer:

<input type="checkbox"/> Vault	<input type="checkbox"/> Ground Burial
<input type="checkbox"/> Underground Vault	<input type="checkbox"/> Cremation
<input type="checkbox"/> Open Casket	<input type="checkbox"/> Closed Casket
<input type="checkbox"/> Mausoleum	<input type="checkbox"/> Embalming

Desired casket: Metal/Wood/Fiberglass _____ Exterior/Interior Colors _____

Description of Cemetery Property to Be Used _____

Crypt or Space No. _____ Tier or Lot No. _____ Mausoleum or Lawn _____

Vault _____ Flower Container _____

Memorial Marker _____ Bronze/Granite/Other _____ Inscription/Emblem _____

Location of Cemetery Deed/Certificate of Ownership _____

More Memorial Instructions

Clothing: Use from Current Wardrobe? Yes No

Jewelry to Be Worn:

Jewelry Disposition: Leave on Remove and give to

Eyeglasses, if any: Leave on Remove and give to

Preference of Musical Selections _____

Soloist: Yes No Preferred Selections _____

Preferred Bible Passage or Prayer

Preference of Flowers (Type & Color) _____

Disposition of Flowers: Rest Homes Hospital Church

Donations in lieu of flowers _____

I suggest the following as Pallbearers _____

Other Special Instructions: _____

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