

# **Advance Planning Guide and Biographical Record**



**Kimball Chapel**  
3146 Kimball Ave.  
Waterloo, IA 50702  
(319) 233-3146

**Garden View Chapel**  
3655 Logan Ave.  
Waterloo, IA 50703  
(319) 232-2222

**La Porte City  
Funeral Home, Inc.**  
606 Main St.  
La Porte City, IA 50651  
(319) 342-3131

***[www.KearnsFuneralService.com](http://www.KearnsFuneralService.com)***



**NOTES:**

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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.



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

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

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

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

**Education:**

Elementary/Secondary (years) \_\_\_\_\_ College (years) \_\_\_\_\_

*In the space below, list schools attended, degrees obtained.*

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

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**Social Security Number:** \_\_\_\_\_

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

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

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

**Special Achievements or Recognition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Membership:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grave Description:** **Section:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_

**Space:** \_\_\_\_\_ **Is grave marker installed?** \_\_\_\_\_

**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.*

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

**Names:**  
**Grandchildren:** \_\_\_\_\_

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

**Great-Grandchildren:** \_\_\_\_\_

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

**Great-Great-Grandchildren:** \_\_\_\_\_

\_\_\_\_\_

**Deceased members of the family: *include relationship.***

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**Veteran Information:**

**Are You a Veteran?** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_

**Date Entered into Service:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Grade/Rank:** \_\_\_\_\_

**VAC Number:** \_\_\_\_\_

**Service Number:** \_\_\_\_\_

**Organizations Served With:** \_\_\_\_\_

**Are you receiving benefits due to a service related injury?**

\_\_\_\_\_

**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.***

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**Clergy: *name and church*** \_\_\_\_\_

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**Organist:** \_\_\_\_\_

**Vocalist:** \_\_\_\_\_

**Special Music or Hymns:** \_\_\_\_\_

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

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*If you wish to remove this section instead of filing it at the funeral home, gently pull out these pages.*

The following information will help your family organize your finances at the time of death. While the following information can be kept in our confidential fireproof file, it could 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.*

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

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

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**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.

Kearns Funeral Service 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

**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.*  
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\_\_\_\_\_  
\_\_\_\_\_

*Include the names of your:*

**Physician:** \_\_\_\_\_

**Optometrist:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Pharmacist:** \_\_\_\_\_

**Accountant:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_