

FUNERAL PLANNING GUIDE





Today, more people are recognizing that planning a funeral and making arrangements with a cemetery in advance of need demonstrates love and consideration toward their family members. It is a thoughtful decision that reduces the stress of indecision and uncertainty when death occurs.

The Gardens of Boca Raton, Cemetery and Funeral Services has prepared this guide to help answer some frequently asked questions and provide general information to help get people get started on making their own plans. Please call us with any further questions or to set a time in person to speak with one of our experienced Family Service Counselors about funeral plans or interest in our property, South Florida's premier all above ground cemetery that offers both a dedicated Jewish faith mausoleum and an all faith mausoleum. We can be reached 24/7 for at-need arrangements, and during the day 9am-5pm EST 7 days a week for pre-need arrangements at (561) 989-9190.

The Arrangements

Whether pre-planning arrangements or at-need times of death, of the many things that need to be done is the contact of a funeral home for the removal of a loved one and a memorial service if there to be one, and a cemetery. The Gardens of Boca Raton is an all-inclusive facility offering both funeral service and cemetery needs offering convenience in making plans in a family owned and operated facility that is very hard to find in today's busy corporate world.

Choices that must be made when arranging a funeral include:

1. Method of interment
 - Will the deceased be buried or entombed?
 - Will the deceased be cremated? If so, will the cremated remains be buried, entombed, scattered or kept by the family?
 - Will the body be donated to science? Will organs be donated?
2. Ceremonies
 - Will there be a traditional funeral with the casket present or a memorial service without the presence of the casket? Will both types of services be held or no ceremonies at all?
 - Where will the ceremonies be held? At a funeral home? At a place of worship? At the cemetery?
 - Will there be one or more visitations? If so, will the casket be open or closed?
 - Who will participate in the funeral ceremonies? Clergy? Pallbearers? Speakers? Musicians or vocalists?
 - Will the ceremonies feature certain music, readings, or tributes?
 - Will there be a procession to the cemetery? Will the deceased be transported in a hearse? Will family travel in a limousine?

All of the decisions can be planned with our staff.



Cemetery Arrangements

A cemetery is the place where the dead are buried or interred — a "final resting place" for the deceased. A cemetery can offer various types of grave spaces for earth burial and mausoleum crypts (an above ground burial option,) for entombment. Similar options are available for burial or entombment of cremated remains. The Gardens of Boca Raton was designed as an all above ground cemetery facility to offer a visitation experience for loved ones of the deceased to be as comfortable as possible. We offer outdoor entombment options, our main buildings are expansive and temperature controlled with plentiful furniture to be able to sit and visit away from the elements.

What to Do When Death Occurs

When a death occurs in your family, you will be faced with important tasks and decision-making during a very difficult time. You may not know what to do or when to begin making arrangements. Bearing the responsibility can be overwhelming. Remember that you are not alone. Boca Raton Funeral Home, our funeral entity is available 24 hours a day, 365 days a year to assist you with the details and offer our guidance. We have compiled the following list to help guide you through the steps you will need to take when a death has occurred. Our funeral director will help coordinate all of the details when you meet for an arrangement conference.

1. After a death has occurred, the following are some questions that we may ask when you call:
 - What is the full name of the deceased?
 - What is the location of the deceased (Hospital, Nursing Facility or Residence)?
 - What is your name, address and telephone number?
 - What is the name, address and phone number of the next-of-kin?
 - Is there a pre-arranged funeral plan? (If yes, what is the plan name or number?)

We will then set an appointment time for you to come to the funeral home to complete the details of the funeral arrangement. We will ask you to bring in some items and information that will be necessary to complete the arrangement. These items will include:

- Clothing for the deceased
 - Social security number of the deceased
 - The deceased's birth date and city and state of birth
 - The deceased's parents' names, including mother's maiden name
 - Information about the deceased's education
 - Marital status of the deceased
 - Veteran's discharge papers or Claim Number
 - A recent photograph of the deceased
 - Pre-arrangement paperwork (if applicable)
 - Cemetery lot information (if applicable)
2. Contact your clergy. Decide on a time and place for the funeral or memorial service (the services may be held at the funeral home)



3. The funeral home will assist you in determining the number of copies of the death certificates that you will need and will order them for you
4. Make a list of family, friends and business colleagues, and notify each by phone. You may wish to use a "branching" system: make a few phone calls to other relatives or friends and ask each of them to make a phone call or two to specific people
5. Decide on an appropriate charity to which gifts may be made (church, hospice, library, organization, school)
6. Gather obituary information, including a photo, age, place of birth, cause of death, occupation, college degrees, memberships held, military service, outstanding work and a list of survivors in the immediate family. Include the time and place of the funeral services. The funeral home will usually write the obituary and submit it to the newspaper(s)
7. Arrange for family members and/or close friends to take turns answering the door or phone. Keeping a careful record of visitors and flower deliveries will make it easier to thank people later on
8. If Social Security checks are deposited automatically, notify the bank of the death
9. Coordinate the food supply in your home for the next several days
10. Delegate special needs of the household, such as cleaning, food preparation, etc., to friends and family who offer their help
11. Arrange for child care, if necessary
12. Arrange hospitality for visiting relatives and friends
13. Select pallbearers and notify the funeral home. (People with heart or back difficulties may be named honorary pallbearers)
14. Plan for the disposition of flowers after the funeral (to a church, hospital or rest home)
15. Prepare a list of distant friends and relatives to be notified by letter and/or printed notice
16. Prepare a list of people to receive acknowledgments of flowers, calls, etc. Send appropriate acknowledgments, which may be a written note, printed acknowledgments, or both. Include "thank yous" to those who have given their time, as well
17. Notify insurance companies of the death
18. Locate the will and notify the lawyer and executor
19. Carefully check all life and casualty insurance and death benefits, including Social Security, credit union, trade union, fraternal, and military. Check on possible income for survivors from these sources
20. Check promptly on all debts and installment payments, including credit cards. Some may carry insurance clauses that will cancel them. If there is to be a delay in meeting payments, consult with creditors and ask for more time before the payments are due
21. If the deceased was living alone, notify the utility companies and landlord and tell the post office where to send the mail
22. Your Funeral Director will prepare the necessary Social Security paperwork.

Frequently Asked Questions

General Questions

Why should I have a funeral?

Funerals are a way for the living to honor those who have died. In addition to being a way to say good-bye, they also allow each life to be celebrated and remembered. Different funeral and memorial ceremonies, as well as a variety of burial and cremation practices, have been observed and handed down in multiple cultures for hundreds of years. The decision to hold a funeral or not, however, is a personal choice.

How can a funeral home help me?

In addition to the services provided by a Funeral Director, a Funeral Home can offer physical space in which to hold private or public gatherings, and provide for and carry out the preparation and transportation of remains. They also sell a variety of merchandise, such as caskets and urns, and offer a number of services, from placing obituary and other newspaper announcements to assistance with insurance and benefits paperwork. The funeral home can also serve as the primary contact for information for a funeral ceremony, relieving the family of this additional task during a difficult time. To find out more about the many ways our funeral home can be of help please call The Gardens.

What is embalming?

Embalming is the process of using chemicals to help preserve a body.

What determines the cost of a funeral?

The cost of a funeral will depend on all the different services and products that are chosen. Physical items such as caskets, urns, grave liners and space rental are one aspect of overall price. Service items such as transportation, planning and staffing are another. The Gardens will help you make arrangements that best meet your needs.

Does it matter what time I hold a funeral ceremony?

Ceremonies can be held at any time. Morning and afternoon hours are very popular, but ceremonies can also be held in the evening so attendees can come following work hours.



Planning Ahead

Why would someone want to make their own arrangements?

Funerals are for the living, but they are also for the person being remembered.

- Sometimes there are specific ceremonies or traditions that are important to someone, and they want to make sure that they are carried out after they die.
- Someone else might like to help spare family and friends the stress of planning a funeral in the event something unexpected happens. Making arrangements in advance can help solve these issues, preventing any disagreements on details and services.

Additional peace of mind can be secured by also paying for a funeral in advance, not just planning one. The Gardens licensed advance planning counselors will be pleased to walk you through all of the options that are available - from Pre-Planning to Pre-Paying.

What are the advantages of Pre-planning?

When you make your arrangements in advance:

- you have the opportunity to select the services and merchandise and choose the type of ceremony you want without rushing
- you get to plan all the details you want
- you can help reduce emotional stress on your survivors
- you can achieve a spend-down to qualify for Medicaid
- during the process, other family members may choose to plan ahead

What is the advantage of Pre-paying?

- you can make sure any expenses that may occur are covered, and that money is available after your death to fulfill your wishes
- you can pay for many services at current prices insuring protection against inflation
- you can reduce the financial stress to your survivors

What if my family disagrees with my wishes after I am gone?

In Florida, you can sign a legal document outlining your wishes so they are carried out after your death, even if some/all of your remaining relatives disagree. A designee form is an agreement between you and the person you place in charge of managing your arrangements after your death. So if, for example, you want to be cremated, and not all of your children agree, your legal document supersedes and your wishes will be carried out, as your designee directs. However, these kinds of legal agreements MUST be made prior to your death.

Who do I talk to if I want to plan ahead?

If you would also like to explore pre-paying for your arrangements, you can speak to one of our advance planning counselors.

Are there any useful tips for making my own arrangements?

- Re-evaluate your plans every few years to make sure you still want the same arrangements, and that your situation and wishes have not changed.
- Register your wishes in advance, whether or not you choose to pre-pay for services. Then tell your family what your wishes are, and let them know which funeral home to contact in the event of your death.



The Gardens of Boca Raton – Cemetery & Funeral Services (561) 989 9190

- Keep a copy of any financial or planning papers in a safe place.

Cremation Questions

Does being cremated mean you can't have a funeral?

Absolutely not. For example, a Viewing and Visitation can be held before a body is cremated. Following cremation, a memorial or other ceremony may be held, with or without the cremated remains present. If cremated remains are going to be buried, a graveside ceremony is an option. If cremated remains are going to be Scattered, a ceremony can be held at that time. We will work with you to plan the type of ceremony that best meets your needs.

What is cremation?

Cremation is the process of exposing the deceased to extreme heat and flame in order to reduce the body into cremains or ashes, commonly referred to as cremated remains.

What happens to the cremated remains after cremation?

There are several options for cremated remains after cremation. Cremated remains can be placed in an Urn or another container and buried in a cemetery. They can be placed in a Columbarium or Mausoleum. They can be Scattered. You can also take them home with you. There are also other options, such as making gemstone jewelry from a portion of the cremated remains so they may be worn in memory of someone.

Do you have to be embalmed if you are going to be cremated?

Not necessarily. Embalming is not needed for a simple identification viewing by the family or someone designated by the family. Embalming is necessary if the family of the deceased chooses to have an open casket, public viewing and visitation of their loved one, prior to the ceremony or cremation process. Embalming is also not necessary when the casket is going to be closed to the family and public during visitation periods. In certain instances, religious customs dictate that embalming is not permitted.

Do you have to have a casket if you are going to be cremated?

A casket is not required for cremation, but under the Federal Trade Commission Rule (FTC Funeral Rule), funeral homes must have an unfinished wooden box or similar container available for cremation.

Can I supply my own container to hold cremated remains following cremation?

Yes. Cremated Remains will be returned to you in a simple container from the crematorium which will be suitable for burial or shipping. The Gardens also offers a wide variety of other containers; from which you can select should you desire to do so.



Is cremation cheaper than burial?

The cost of both cremation and burial will vary, depending on what options, merchandise, and services are chosen. The Gardens staff will work with you to review options so that you can select one that best meets your needs.

About Us

Let our Family care for your Family

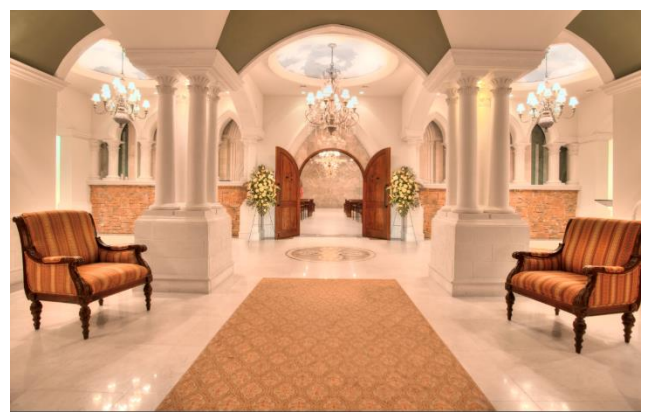


The property is owned and operated by brothers Garrett & Marshall Jacobs. Garrett is also the owner of Boca Raton Funeral Home and Cremation Services and has lived and worked in the area for over 20 years. With this in mind, it allows The Gardens to offer a full range services that other funeral homes or individual cemeteries can't.

There are two main Mausoleums on the property -- one catering to people of Jewish faith, or married to members of the Jewish faith, and the other Mausoleum

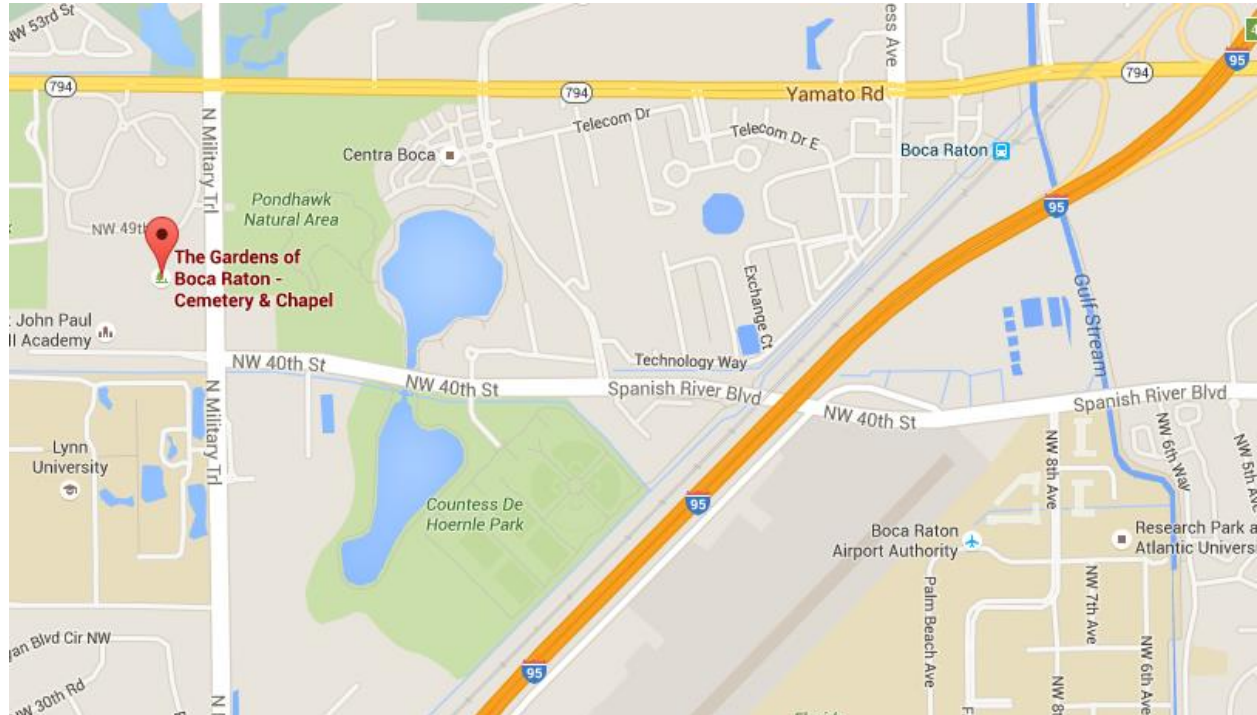
catering to people of all religions. The Mausoleums are air conditioned, allowing you to spend time with your loved one in complete comfort. The property also has an indoor chapel to hold services and memorials.

The Mausoleums are complimented by the beautifully landscaped grounds which provide a perfect final resting place if you choose one our private or family crypts



Contact Us

The Gardens of Boca Raton – Cemetery & Chapel is located in the heart of Boca Raton, just minutes from I-95.



Directions

From I95: Take the Yamato Rd West exit to Military Trail. Turn left (south) and The Gardens will be on your right.

From Florida Turnpike: Exit at Glades Rd and head East to Jog Rd. Turn left (North) on Jog Rd and follow to Yamato Rd. Turn right (East) and follow for 1.5 miles to Military Trail. Turn right onto Military Trail and The Gardens will be on your right.

Contact us at:

The Gardens of Boca Raton – Cemetery & Chapel
4103 N Military Trl, Boca Raton, FL 33431
(561) 989-9190

support@thegardens.com



The Gardens of Boca Raton – Cemetery & Funeral Services (561) 989 9190

MY PERSONAL PLANNING GUIDE

This Personal Planning Guide provides an easy-to-use format for documenting information your survivors will need after your death.

Sections included in your Personal Planning Guide:

1. "My Personal Information" section allows you to record details your family will need for official records.
2. "My Records and Location" section provides a variety of documents and their locations.
3. "My Personal Financial Information" section allows you to record details of your financial accounts (i.e. checking, savings, ATM card, CDs, 401Ks, credit cards etc.).
4. "My Personal Safety & Storage" section includes information regarding home security system, safety deposit box, and important keys & passwords/PIN numbers.
5. "My Personal Insurance(s)" section includes information regarding your Life, Accidental Death & Dismemberment, Health Care, Long Term Care, Disability, Auto & Homeowner's insurance.
6. "My Key Contacts" section includes who to contact to assist in your financial and medical affairs to be handled if you become incapable of making your own decisions.
7. "My Personal Assets" section includes information regarding your home (mortgage, insurance & home security), vehicles, boats and other assets.
8. "My Funeral Planning Guide" is a record of your final wishes to assist your family in making the final arrangements you desire.
9. "My Obituary" is a record of how you would like to be remembered by your family & Friends
10. "Living Will" is a template to use if you decide to create a living will to leave for your family. (Consult an attorney if you have any questions regarding creating a Living Will)

My Personal Information

My Full Legal Name: _____

Other Names by which I may be known: _____

My Maiden Name: _____

My Mother's Name (Maiden): _____

My Father's Name: _____

My Current Address: _____

_____ Phone (____) ____ - ____

My Date of Birth: _____

My Place of Birth: _____

My Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Spouse/Domestic Partner Name: _____

Spouse/Domestic Partner Date of Birth: _____

Spouse/Domestic Partner Place of Birth: _____

My Wedding/Registration Date and Place: _____

My Previous Marriage(s) if applicable

Name of Spouse: _____

Marriage Date: _____ Date of Death/Divorce: _____

Name of Spouse: _____

Marriage Date: _____ Date of Death/Divorce: _____

My Children from Marriage to : _____

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____

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Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____

Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Phone: _____



My Education

High School: _____

City & State: _____

Highest Level Completed: _____

College / University: _____

City & State: _____

Level Completed / Degree Earned: _____

Other: _____

City & State: _____

Level Completed / Degree Earned: _____

My Personal Identification Numbers

Social Security #: _____ Location of Card: _____

Drivers License #: _____ Location of Card: _____

Passport #: _____ Location of Card: _____

Green Card #: _____ Location of Card: _____

My Personal Medical Information

Health Care Provider: _____ Phone: _____

Health Care Plan ID #: _____ Group ID #: _____

List of Necessary Medications: _____

Blood Type: _____ Are you an Organ Donor?: _____

Record of Immunizations/Allergies: _____

Dental Records: _____



My Employment Information

Current/Most Recent Employer

Name: _____

Employer Address: _____

Phone: _____ Website: _____

Date of Hire: _____ Date of Retirement: _____

Employee ID#: _____ Human Resource Contact: _____

Former Employer

Name: _____

Employer Address: _____

Phone: _____ Website: _____

Date of Hire: _____ Date of Leaving: _____

Employee ID#: _____ Human Resource Contact: _____

Former Employer

Name: _____

Employer Address: _____

Phone: _____ Website: _____

Date of Hire: _____ Date of Leaving: _____

Employee ID#: _____ Human Resource Contact: _____

Union Affiliation (if applicable)

Union Name : _____

Local: _____

Member #: _____ Contact: _____



Union Affiliation (if applicable)

Union Name : _____

Local: _____

Member #:_____ **Contact:**_____

Other

[illegible]

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Records

The Executor or Administrator will need to work with your family to gather a variety of documents after your passing in order to execute your will and settle your affairs. Noting the location of these documents beforehand will simplify the process, making it less stressful for your family and loved ones.

Birth Certificate

Location: _____

Comments: _____

Marriage Certificate

Location: _____

Comments: _____

Adoption Papers

Location: _____

Comments: _____

Divorce Decree / Annulment Papers

Location: _____

Comments: _____

Military Records

Location: _____

Comments: _____

Power of Attorney - Financial

Location: _____

Comments: _____



Power of Attorney - Health

Location: _____

Comments: _____

Living Wills

Location: _____

Comments: _____

Will

Location: _____

Comments: _____

Trust Documents

Location: _____

Comments: _____

Mortgage & Property Deeds

Location: _____

Comments: _____

Household Records, Bills, Utilities, etc

Location: _____

Comments: _____

Vehicle Title(s)

Location: _____

Comments: _____



W2 Forms

Location: _____

Comments: _____

Income Tax Returns

Location: _____

Comments: _____

Guardianship Letters

Location: _____

Comments: _____

Loan Papers

Location: _____

Comments: _____

Other Important Documents

[illegible]

The Gardens of Boca Raton – Cemetery & Funeral Services (561) 989 9190

My Personal Financial Information

Checking Account

Name of Account Holder: _____

Account #: _____

Bank Name: _____ Phone: _____

Address: _____

My Password: _____ Pin #: _____

Saving Account

Name of Account Holder: _____

Account #: _____

Bank Name: _____ Phone: _____

Address: _____

My Password: _____ Pin #: _____

ATM Card

Name of Account Holder: _____

Account #: _____

Bank Name: _____ Phone: _____

Address: _____

My Password: _____ Pin #: _____

Certificate of Deposit(s)

Name of Account Holder: _____

CD #: _____

Bank Name: _____ Phone: _____

Address: _____

Maturity Date: _____

Certificate of Deposit(s) (cont)

Name of Account Holder: _____

CD #: _____

Bank Name: _____ Phone: _____

Address: _____

Maturity Date: _____

Money Market Account

Name of Account Holder: _____

Account #: _____

Institution Name: _____ Phone: _____

Address: _____

Mutual Funds

Name of Account Holder: _____

Account #: _____

Broker: _____ Phone: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Broker: _____ Phone: _____

Address: _____

Annuities

Name of Account Holder: _____

Contract #: _____

Insurance Company: _____ Phone: _____

Address: _____

Successor/Contingent Payee: _____ Phone: _____



Annuities (cont)

Name of Account Holder: _____

Contract #: _____

Insurance Company: _____ **Phone:** _____

Address: _____

Successor/Contingent Payee: _____ **Phone:** _____

401k / 403b Plan

Name of Account Holder: _____

Account #: _____

Company Name: _____ **Phone:** _____

Address: _____

My Primary Beneficiary(ies) are

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____



IRA / Roth IRA

Name of Account Holder: _____

Account #: _____

Company Name: _____ **Phone:** _____

Address: _____

My Primary Beneficiary(ies) are

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____

Pensions

Name of Account Holder: _____

Account #: _____

Company Name: _____ Phone: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Company Name: _____ Phone: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Company Name: _____ Phone: _____

Address: _____

Savings Bonds

Name of Account Holder: _____

Account #: _____

Issuer: _____ Phone: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Issuer: _____ Phone: _____

Address: _____

Stocks

Name of Account Holder: _____

Account #: _____

Brokers Name: _____ Phone: _____

Company Name: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Brokers Name: _____ Phone: _____

Company Name: _____

Address: _____

Name of Account Holder: _____

Account #: _____

Brokers Name: _____ Phone: _____

Company Name: _____

Address: _____

Credit Cards

Name of Account Holder: _____

Card #: _____ Exp Date: _____

Card Name: _____ Phone: _____

Company Name: _____

Address: _____

Website: _____ Password: _____

Name of Account Holder: _____

Card #: _____ Exp Date: _____

Card Name: _____ Phone: _____

Company Name: _____

Address: _____

Website: _____ Password: _____

Name of Account Holder: _____

Card #: _____ Exp Date: _____

Card Name: _____ Phone: _____

Company Name: _____

Address: _____

Website: _____ Password: _____

Name of Account Holder: _____

Card #: _____ Exp Date: _____

Card Name: _____ Phone: _____

Company Name: _____

Address: _____

Website: _____ Password: _____

Name of Account Holder: _____

Card #: _____ Exp Date: _____

Card Name: _____ Phone: _____

Company Name: _____

Address: _____

Website: _____ Password: _____



My Personal Safety/Storage

Home Security System

Name of Account Holder: _____

My Phone Number: _____ My Password: _____

Security Company's Name: _____ Phone: _____

Safe Deposit Box

Name of Account Holder: _____

Box Number: _____ Location of Key: _____

Signature Listed on Account: _____

Bank Name: _____ Phone: _____

Address: _____

List of Contents: _____

Additional Safety/Storage

Name of Account Holder: _____

Storage Number: _____ Location of Key/Combination: _____

Storage Facilities Name: _____ Phone: _____

Key Contact Person: _____ Phone: _____

Address: _____

Comments: _____

Passwords

Website	Password	Pin#

My Personal Insurance

Life Insurance

Name of Account Holder: _____

Policy #: _____

Life Insurance Company: _____

Address: _____

Insurance Agent's Name: _____ Phone: _____

My Primary Beneficiary(ies) are

Name: _____

Social Security #: _____

Relationship to Me: _____ Phone: _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ Phone: _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ Phone: _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ Phone: _____

Address: _____

Name: _____

Social Security #: _____

Relationship to Me: _____ Phone: _____

Address: _____



Life Insurance

Name of Account Holder: _____

Policy #: _____

Life Insurance Company: _____

Address: _____

Insurance Agent's Name: _____ **Phone:** _____

My Primary Beneficiary(ies) are

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address:

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address:

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address:

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address:

Name: _____

Social Security #: _____

Relationship to Me: _____ **Phone:** _____

Address: _____



Accidental Death & Dismemberment Insurance Company

Name of Account Holder: _____

Accidental Death & Dismemberment #: _____ Group ID: _____

Accidental Death & Dismemberment Insurance Company: _____

Address: _____

Contact Name: _____ Phone: _____

Health Insurance Company

Type of Coverage: ☐ Group ☐ Individual ☐ Medicare ☐ Medicare Supplement

Name of Account Holder: _____

Policy #: _____ Plan ID #: _____ Group ID: _____

Health Insurance Company: _____

Address: _____

Contact Name: _____ Phone: _____

Dental Insurance Company

Name of Account Holder: _____

Policy #: _____ Plan ID #: _____ Group ID: _____

Dental Insurance Company: _____

Address: _____

Contact Name: _____ Phone: _____

Disability Insurance Company

Name of Account Holder: _____

Policy #: _____ Plan ID #: _____ Group ID: _____

Disability Insurance Company: _____

Address: _____

Contact Name: _____ Phone: _____



Long Term Insurance Company

Name of Account Holder: _____

Policy #: _____ **Plan ID #:** _____ **Group ID:** _____

Long Term Insurance Company: _____

Address: _____

Contact Name: _____ **Phone:** _____

Auto Insurance Company

Name of Account Holder: _____

Policy #: _____

Auto Insurance Company: _____

Address: _____

Contact Name: _____ **Phone:** _____

Other Insurance

Name of Account Holder: _____

Policy #: _____

Insurance Company: _____

Address: _____

Contact Name: _____ **Phone:** _____

Name of Account Holder: _____

Policy #: _____

Insurance Company: _____

Address: _____

Contact Name: _____ **Phone:** _____



My Key Contacts

The Executor or Administrator of your estate may need to contact people after your passing or if you become incapacitated

Accountant

Name: _____ Email: _____

Firm: _____ Phone: _____

Attorney

Name: _____ Email: _____

Firm: _____ Phone: _____

Banker

Name: _____ Email: _____

Firm: _____ Phone: _____

Clergy

Name: _____ Email: _____

Firm: _____ Phone: _____

Employer

Name: _____ Email: _____

Firm: _____ Phone: _____

Executor of Estate

Name: _____ Email: _____

Firm: _____ Phone: _____

Funeral Home

Name: _____ Email: _____

Firm: _____ Phone: _____



The Gardens of Boca Raton – Cemetery & Funeral Services (561) 989 9190

My Personal Assets

Home

Address: _____

Mortgage Holder: _____

Loan #: _____ Phone: _____

Home Owner Insurance Company: _____

Policy #: _____ Phone: _____

Flood Insurance Company: _____

Policy #: _____ Phone: _____

Home Security Company: _____

Account Name: _____ Phone: _____

Vacation Home/Second Home/Time Share

Address: _____

Mortgage Holder: _____

Loan #: _____ Phone: _____

Home Owner Insurance Company: _____

Policy #: _____ Phone: _____

Flood Insurance Company: _____

Policy #: _____ Phone: _____

Home Security Company: _____

Account Name: _____ Phone: _____

Vehicles

Make: _____ Model: _____ Year: _____

License Plate Number & State: _____

Insurance Company: _____

Policy #: _____ Phone: _____

Make: _____ Model: _____ Year: _____

License Plate Number & State: _____

Insurance Company: _____

Policy #: _____ Phone: _____

Boats

Name of Storage Facility: _____

Address: _____

Make: _____ Model: _____ Year: _____

Serial #: _____ Motor ID #: _____

Boat Insurance Company: _____

Policy #: _____ Phone: _____

Other Assets

Asset	Location

My Funeral Planning Guide

To ensure your wishes are carried fully after you passing, it is best to leave instructions for your family and friends so they can be carried out.

Please notify in the event of my passing:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

☐ Pre-Paid Funeral Plan

Provider's Name: _____

Address: _____

Plan #: _____ **Contact Name:** _____

Name of Cemetery & Plot Number: _____

Location of Documents: _____

☐ I do not have a Pre-Paid Funeral Plan or made Pre-Arrangements

Arrangements should be made by: (select all that apply)

☐ Spouse ☐ Parent ☐ Child ☐ Sibling _____ ☐ Other _____

I would like my remains to be handled as follows:

☐ Ground burial in a private cemetery _____

☐ I have purchased a plot (specify plot #) _____

☐ I have not purchased a plot

☐ Interred in a national cemetery (eligible veterans, and eligible family members)

☐ Interred in a Mausoleum _____

☐ I have purchased a crypt

☐ I have not purchased a crypt



- ☐ Cremation, with cremated remains (ashes)
- ☐ Interred in mausoleum (niche)
- ☐ Interred in burial plot
- ☐ Scattered (specify where - check local, state and federal laws) _____
- _____
- ☐ Other (please explain) _____
- ☐ I have registered to donate my body/organs to (specify) _____
- _____
- ☐ They will return my remains (ashes), which should be:
 - ☐ Interred in mausoleum (niche)
 - ☐ Interred in burial plot
 - ☐ Cremation
 - ☐ Other (please explain)

Traditional Funeral/Memorial Service Preferences

Visitation and Viewing Preferences (if applicable)

- ☐ At the Funeral Home
- ☐ At Place of Worship
- ☐ Open Casket
- ☐ Viewing only at the funeral home prior to ceremony
- ☐ No Viewing/No Open Casket
- ☐ I'm Not Certain
- ☐ Other (please explain)

Calling Hours (if applicable)

- ☐ Traditional Hours
- ☐ Other (please explain)
- ☐ N/A Personal Preferences (if applicable)

Glasses to be worn ☐ Yes ☐ No

If "Yes"

- ☐ Glasses to remain with me
- ☐ Remove before interment and return to: _____

Jewelry to be worn: _____

- ☐ Jewelry to remain with me
- ☐ Remove before interment and return to: _____



Specify Clothing: _____

Ceremony Preferences (if applicable)

- ☐ **No Ceremony** _____
- ☐ **Funeral Ceremony at Place of Worship:** _____
- ☐ **Funeral Ceremony at Funeral Home:** _____
- ☐ **Graveside Ceremony Only**
- ☐ **Memorial Ceremony at:** _____
- ☐ **Other:** _____

Ceremony Officiate - clergy/speaker (if applicable)

First Choice: _____ **Phone:** _____

Second Choice: _____ **Phone:** _____

Other Speakers: _____ **Phone:** _____

Special Affiliations for my ceremony should include:

- ☐ **N/A** _____
- ☐ **Military Ceremony:** _____
- ☐ **Lodge Ceremony:** _____
- ☐ **Other Ceremony:** _____

A few things I would like shown during the ceremony would be (photos, videos, prize possessions) :

Marker/Headstone Preferences

Type of marker / headstone desired: _____

Inscription desired: _____



Pallbearer Suggestions (if applicable)

_____	_____
_____	_____
_____	_____

Music Preferences

- ☐ **N/A**
 - ☐ **No Music**
 - ☐ **Pre-recorded / CD:** _____
 - ☐ **Live Music**
 - ☐ **Soloist** _____
 - ☐ **Group** _____
 - ☐ **Musicians/band** _____
 - ☐ **Special Songs** _____
 - ☐ **Congregational Singing with the following hymns** _____
 - ☐ **Requested Readings, Poetry or Religious Text:** _____
- _____

Flower Preferences

- ☐ **N/A**
- ☐ **No Flowers**
- ☐ **Casket Spray** _____
- ☐ **Lid arrangement:** _____
- ☐ **Standing Spray** _____
- ☐ **Matching Baskets** _____
- ☐ **Specialty Pieces** _____
- ☐ **Other** _____

Flower Preferences (cont)

☐ In lieu of flowers, memorial donations to the following organizations, ministries and or charities:

Name _____

Address _____

Special Notes and Wishes _____

My Obituary

Church Affiliation, membership in organizations, clubs, lodges and activities

Personal interest and / or hobbies

Military Service

Special Recognition, Awards & Achievements



Other Information

Anything you do not want shared

Survived by:

Name	Relationship

Pre-deceased by:

Name	Relationship

Living Will

Declaration made this _____ day of _____ 20____, I _____
willfully and voluntarily make known my desire that my dying not be artificially prolonged under
the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated
and

_____ I have a terminal condition.
or _____ I have an end-stage condition.
or _____ I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that
there is no reasonable medical probability of my recovery from such condition, I direct that life-
prolonging procedures be withheld or withdrawn when the application of such procedures would
serve only to prolong artificially the process of dying, and that I be permitted to die naturally with
only the administration of medication or the performance of any medical procedure deemed
necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final
expression of my legal right to refuse medical or surgical treatment and to accept the
consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent
regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to
designate, as my surrogate to carry out the provisions of this declaration:

Name _____
Address _____
City _____
State _____
Zip _____ Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to
make this declaration.

Additional Instructions (optional):

(Signed): _____

Witness _____

Witness _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Phone _____

Phone _____

*The principal's failure to designate a surrogate shall not invalidate the living will.
— This form offered as a courtesy of The Florida Bar and the Florida Medical Association —*



The Gardens of Boca Raton – Cemetery & Funeral Services (561) 989 9190