

What My Family Should Know

**A collection of critical information
for getting our affairs in order**

Insert Names

Prepared _____, 20__

Updated _____, 20__

**BLANK FORMAT
FOR FEDERAL EMPLOYEES**

TABLE OF CONTENTS

INTRODUCTION:	3
PERSONAL AND FAMILY:	
PERSONAL INFORMATION	4
CHILDREN'S PERSONAL INFORMATION.....	5
EMPLOYMENT RECORDS	6
MEDICAL INFORMATION	7
RETIREMENT INFORMATION	8
SOCIAL SECURITY AND MEDICARE	9
FINANCIAL, LEGAL, & OTHER BUSSINESS:	
DIGITAL DATA	11
FINANCIAL INFORMATION:	
ACCOUNTS	13
INVESTMENTS	14
CREDIT CARDS	15
INSURANCE POLICIES	16
KEYS, COMBINATION LOCKES, AND CODES	19
LEGAL DOCUMENTS	20
OGANIZATIONS, SERVICES, & SUBSCRIPTIONS:	
ORGANIZATIONS	21
SERVICES	22
SUBSCRIPTIONS	23
REAL ESTATE	25
SAFE DEPOSIT BOX/SAFE	26
UTILITIES	27
VEHICLES	28
FINAL WISHES:	
FUNERAL ARRANGEMENTS.....	29
PEOPLE TO NOTIFY IN CASE OF DEATH	37
BIBLIOGRAPHY & RESOURCES	38
FEDERAL EMPLOYEES GUIDANCE AND FORMS	39

Introduction:

This collection of information has been prepared using ideas from a number of different guides, websites and checklists.

NOTE: This summary contains private and personal identifiable information. Keep it in a secure location. It is not recommended that you keep this guide in your safe deposit box since it may be sealed after death.

“A short pencil is better than a long memory.” When it comes to living life and loving our families, there are so many things we need to remember. But it is truly impossible to remember everything we need to remember without writing it down somewhere. The problem for many of us is that we try to keep all the information in our head or we write things down on slips of paper scattered everywhere that no one understands but us (and even we find notes that we wrote that we no longer know what they were about)! Many times we scatter information in various files that are difficult to find by family members when they are in amongst other non-critical information.

The purpose of this guide is to help you organize your personal and financial information in one location so your survivors will have the information they will need to handle your affairs upon your death or if you become incapacitated. Your family will already be going through a tough time dealing with your loss; they don't need to worry about your memorial service wishes or where to find your life insurance policies, or when your car insurance premium is due, etc. on top of that!

We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan and record information for your loved ones now will be one of the most unselfish gifts of love you can give your family.

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our financial and personal affairs when we die.

When and how your benefits will be paid and how your estate will be settled depend on many questions that must be answered. This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor. The information and format can be modified according to your specific situations. It is important that you have a current will or trust, a DNR, and other documents to assure your wishes are known.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family.

THIS INFORMATION SHOULD BE REVIEWED AND UPDATED ANNUALLY.

PERSON #1 PERSONAL INFORMATION

FULL NAME:

MOTHER'S MAIDEN NAME:

SOCIAL SECURITY NUMBER:

MEDICARE NUMBER:

 Date coverage start Part A

 Date coverage start Part B

PASSPORT NUMBER: (expires)

DRIVER'S LICENSE NUMBER: (expires)

TSA "KNOWN TRAVELER NUMBER" (KTN) -Precheck: (expires)

OPM CLAIM NUMBER:

FEDERAL RETIREMENT DATE:

PROFESSIONAL LICENSES: (expires)

DATE OF BIRTH:

PLACE OF BIRTH:

MILITARY DATES OF SERVICE: SERIAL NUMBER:

 LOCATION OF DISCHARGE PAPERS:

HOME TELEPHONE: CELL TELEPHONE:

PERSONAL E-MAIL ADDRESS(ES):

PERSON # 2 PERSONAL INFORMATION

FULL NAME:

MOTHER'S MAIDEN NAME:

SOCIAL SECURITY NUMBER:

MEDICARE NUMBER:

 Date coverage start Part A

 Date coverage start Part B

PASSPORT NUMBER: (expires)

DRIVER'S LICENSE NUMBER: (expires)

TSA "KNOWN TRAVELER NUMBER" (KTN) -Precheck: (expires)

RETIREMENT CLAIM NUMBER (federal, state, private pensions, etc.)

RETIREMENT DATE:

PROFESSIONAL LICENSES: (expires)

DATE OF BIRTH:

PLACE OF BIRTH:

MILITARY DATES OF SERVICE: SERIAL NUMBER:

 LOCATION OF DISCHARGE PAPERS:

HOME TELEPHONE: CELL TELEPHONE:

PERSONAL E-MAIL ADDRESS(ES):

MARRIAGE INFORMATION

LOCATION:

DATE:

CHILDREN'S PERSONAL INFORMATION

NAME:

(SPOUSE):

SOCIAL SECURITY NO.:

ADDRESS:

TELEPHONE NO.

CELL PHONE

EMAIL ADDRESS:

DATE OF BIRTH:

PLACE OF BIRTH:

MARRIAGE DATE:

MARRIAGE LOCATION:

NAME

(SPOUSE):

SOCIAL SECURITY NO.:

ADDRESS:

TELEPHONE NO.

CELL PHONE

EMAIL ADDRESS:

DATE OF BIRTH:

PLACE OF BIRTH:

MARRIAGE DATE:

MARRIAGE LOCATION:

EMPLOYMENT RECORDS

PERSON #1:

CURRENT EMPLOYER:

ADDRESS:

WORK TELEPHONE:

WORK E-MAIL ADDRESS:

STARTING DATE:

SALARY PER MONTH (2019):

PREVIOUS EMPLOYER:

ADDRESS:

DATES OF EMPLOYMENT:

PERSON #2:

CURRENT EMPLOYER:

ADDRESS:

WORK TELEPHONE:

WORK E-MAIL ADDRESS:

STARTING DATE:

SALARY PER MONTH (2019):

PREVIOUS EMPLOYER:

ADDRESS:

DATES OF EMPLOYMENT:

MEDICAL INFORMATION

BLOOD TYPE:

PERSON #1:

PERSON #2:

PRESCRIPTION MEDICATIONS:

PERSON #1 MEDICATIONS:

PERSON # 2 MEDICATIONS:

VACCINATION RECORDS

PERSON #1:

PERSON #2:

DOCTORS AND CONTACT INFORMATION:

OPTOMETRISTS/ OPHTHALMOLOGISTS AND CONTACT INFORMATION:

DENTIST AND CONTACT INFORMATION:

PHARMACIES:

RETIREMENT INFORMATION

PERSON #1:

RETIREMENT SYSTEM:

DATE OF RETIREMENT:

SPOUSE HAS SURVIVOR ANNUITY?:

ANNUITY AMOUNT PER MONTH: Direct deposit to _____ checking account

Date				
Gross Annuity	\$	\$	\$	\$
Health Ins. Premium	\$	\$	\$	\$
Dental Ins	\$	\$	\$	\$
Life Ins. Premium	\$	\$	\$	\$
	\$	\$	\$	\$
Fed Income Tax	\$	\$	\$	\$
State Income Tax	\$	\$	\$	\$
	\$	\$	\$	\$
Net Annuity	\$	\$	\$	\$

PERSON #2:

RETIREMENT SYSTEM:

DATE OF RETIREMENT:

SPOUSE HAS SURVIVOR ANNUITY?:

ANNUITY AMOUNT PER MONTH: Direct deposit to _____ checking account

Date				
Gross Annuity	\$	\$	\$	\$
Health Ins. Premium	\$	\$	\$	\$
Dental Ins	\$	\$	\$	\$
Life Ins. Premium	\$	\$	\$	\$
	\$	\$	\$	\$
Fed Income Tax	\$	\$	\$	\$
State Income Tax	\$	\$	\$	\$
	\$	\$	\$	\$
Net Annuity	\$	\$	\$	\$

SOCIAL SECURITY & MEDICARE

PERSON #1:

QUALIFY FOR SS BENEFITS?

RETIREMENT EFFECTIVE DATE:

MONTHLY BENEFITS (2026): \$

MEDICARE DEDUCTION (2026): \$

NET MONTHLY BENEFIT (2026): \$

AUTO DEPOSIT ACCOUNT: Bank:

Account No.

Monthly deposit day:

ONE-TIME DEATH BENEFIT (2026): \$255

MEDICARE CLAIM NUMBER:

HOSPITAL (PART A): Effective Date

MEDICAL (PART B): Effective Date

PERSON #2:

QUALIFY FOR SS BENEFITS?

RETIREMENT EFFECTIVE DATE:

MONTHLY BENEFITS (2026): \$

MEDICARE DEDUCTION (2026): \$

NET MONTHLY BENEFIT (2026): \$

AUTO DEPOSIT ACCOUNT: Bank:

Account No.

Monthly deposit day:

ONE-TIME DEATH BENEFIT (2026): \$255

MEDICARE CLAIM NUMBER:

HOSPITAL (PART A): Effective Date

MEDICAL (PART B): Effective Date

QUESTIONS?:

SS Office, 406 E Hall of Fame,
Stillwater, OK (888-366-6143 local office)
General: 800-772-1213

MY SOCIAL SECURITY ONLINE ACCOUNT

URL: ssa.gov/mySSA

APPLICATION DATE:

PERSON #1:

USER NAME:

PASSWORD:

EMAIL:

SECURITY QUESTIONS & ANSWERS:

PERSON #2:

USER NAME:

PASSWORD:

EMAIL:

SECURITY QUESTIONS & ANSWERS:

INVENTORY & PLAN FOR FUTURE OF YOUR DIGITAL DATA

The following are portions of an article entitled “Plan for who inherits your digital assets” that appeared in the Tulsa World on September 1, 2019:

Your online photos and videos, frequent flier miles, hotel reward points, and other digitally stored files and information may well disappear without a trace if you don’t make a plan to pass them along after you die.

Conversely, some stuff you may prefer to shut down or keep private (emails, texts, social media accounts, dating app profiles) could be shared or hacked unless you take steps to secure the information.

1. Prepare an inventory of your on-line accounts and digital files, along with your login ID, passwords, answers to security questions and what type of two-factor authentication (code that is texted or emailed to a specific device or generated using a smart phone app). Start with a list of your devices (smart phones, laptops, desktop computers) with their passwords. Include in your list of important apps you are subscribed to along with their passwords.
2. Check to see if you can set up a family account that allows you to share your digital bounty now and after you die. Some reward programs may allow you to transfer miles or hotel points to your heirs. Some companies, including Google and Facebook, allow you to designate someone to handle your account when you die. Others simply close or deactivates accounts when they learn of a death. Bottom line – check with the providers of your digital accounts.
3. After you have decided the future plans for your digital accounts and files, designate a trusted person to handle these after your death. This could be the same person who settles the rest of your estate or you might want to choose someone who is more tech-savvy. Your digital executor should be named in your will or living trust.
4. Set a date to review and update your digital plan. Technology evolves fast – remember floppy disks and MySpace? Meanwhile biometrics, finger print scans, facial recognition are already replacing passwords and other login credentials.

DIGITAL DATA AND ON-LINE ACCOUNTS

(websites, user names, and passwords)

Name of Digital Executor:

SMART PHONES:

ACCOUNTS:

AIRLINES:

APPS:

COMPUTER:

HOTELS:

SOCIAL MEDIA:

WORK:

FINANCIAL INFORMATION

FINANCIAL ADVISORS:

NAME:

ADDRESS:

TELEPHONE:

NAME:

ADDRESS:

TELEPHONE:

FINANCIAL ACCOUNTS: (list auto payments and frequency)

INSTITUTION NAME:

ACCOUNT TYPE (CHECKING, SAVINGS, ESCROW):

NAMES ON ACCOUNT:

ACCOUNT NUMBER:

BANK ROUTING NUMBER:

ATM CARD NUMBER:

ON-LINE BANKING INFO:

INSTITUTION NAME:

ACCOUNT TYPE (CHECKING, SAVINGS, ESCROW):

NAMES ON ACCOUNT:

ACCOUNT NUMBER:

BANK ROUTING NUMBER:

ATM CARD NUMBER:

ON-LINE BANKING INFO:

INSTITUTION NAME:

ACCOUNT TYPE (CHECKING, SAVINGS, ESCROW):

NAMES ON ACCOUNT:

ACCOUNT NUMBER:

BANK ROUTING NUMBER:

ATM CARD NUMBER:

ON-LINE BANKING INFO:

INVESTMENTS, IRAs, 401K's, STOCKS, ETC.:

ACCOUNT NAME:

COMPANY NAME:

ACCOUNT NUMBER:

DATE PURCHASED:

BENEFICIARY:

BALANCE: \$ DATE:

WEBSITE:

ACCOUNT NAME:

COMPANY NAME:

ACCOUNT NUMBER:

DATE PURCHASED:

BENEFICIARY:

BALANCE: \$ DATE:

WEBSITE:

ACCOUNT NAME:

COMPANY NAME:

ACCOUNT NUMBER:

DATE PURCHASED:

BENEFICIARY:

BALANCE: \$ DATE:

WEBSITE:

ACCOUNT NAME:

COMPANY NAME:

ACCOUNT NUMBER:

DATE PURCHASED:

BENEFICIARY:

BALANCE: \$ DATE:

WEBSITE:

CREDIT CARDS: (list auto payments and frequency for each credit card)

COMPANY NAME:

ACCOUNT OWNERS:

AUTHORIZED USERS:

CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE:

CREDIT LINE:

ANNUAL FEES:

COMPANY NAME:

ACCOUNT OWNERS:

AUTHORIZED USERS:

CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE:

CREDIT LINE:

ANNUAL FEES:

COMPANY NAME:

ACCOUNT OWNERS:

AUTHORIZED USERS:

CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE:

CREDIT LINE:

ANNUAL FEES:

INSURANCE POLICIES

HEALTH INSURANCE:

COMPANY NAME:

ADDRESS:

PERSONS COVERED:

PLAN NAME/ NUMBER:

RX NUMBER:

PREMIUM (2026): \$ per

DENTAL:

COMPANY NAME:

ADDRESS:

PERSONS COVERED:

PLAN NAME/ NUMBER:

PREMIUM (2026): \$ per

VISION:

COMPANY NAME:

ADDRESS:

PERSONS COVERED:

PLAN NAME/ NUMBER:

PREMIUM (2026): \$ per

LONG TERM CARE INSURANCE:

COMPANY:

ADDRESS:

PERSONS COVERED:

PLAN NAME/ NUMBER:

PREMIUM (2026): \$ per

LIFE INSURANCE POLICIES:

PERSON #1 LIFE INSURANCE:

COMPANY NAME:

ADDRESS:

TELEPHONE NUMBER:

WEBSITE:

POLICY NUMBER:

ANNUAL PREMIUM (2026): \$

BENEFICIARY:

NET DEATH BENEFIT:

LOCATION OF POLICY:

PERSON #2 LIFE INSURANCE:

COMPANY NAME:

ADDRESS:

TELEPHONE NUMBER:

WEBSITE:

POLICY NUMBER:

ANNUAL PREMIUM (2026): \$

BENEFICIARY:

NET DEATH BENEFIT:

LOCATION OF POLICY:

INSURANCE POLICIES (Vehicle, Liability, Homeowners)

COMPANY NAME:

AGENT:

PHONE:

ADDRESS:

VEHICLE INSURANCE POLICIES

VEHICLE #1:

POLICY NUMBER:

PREMIUM AMOUNT (2026):

VEHICLE #2:

POLICY NUMBER:

PREMIUM AMOUNT (2026):

PERSONAL LIABILITY INSURANCE

POLICY NUMBER:

COVERAGE:

PREMIUM AMOUNT (2026): \$

HOMEOWNERS PROPERTY INSURANCE

POLICY NUMBER:

COVERAGE (2026):

DWELLING:

PERSONAL PROPERTY:

PERSONAL LIABILITY:

2019 PREMIUM: \$

INVENTORY OF HOUSEHOLD EFFECTS:

LOCATION OF INVENTORY LIST:

KEYS, COMBINATION LOCKS AND CODES

LOCATION OF KEYS:

COMBINATION LOCKS:

CODES: (garage doors, security system, etc.)

LEGAL DOCUMENTS

PROFESSIONAL LICENSE(S) (numbers and expiration dates):

BIRTH CERTIFICATES FOR PERSON #1, PERSON #2, CHILDREN:

LOCATION OF BIRTH CERTIFICATES:

WILLS :

PERSON #1

PERSON #2

DATE:

LOCATION:

EXECUTOR:

ADDRESS:

LAW FIRM:

ADDRESS:

TELEPHONE:

ADVANCE DIRECTIVES (Living Will):

LOCATION: Originals:

Copies:

PERSON #1: Date:

PERSON #2: Date

DURABLE POWER OF ATTORNEY:

LOCATION: Originals:

Copies:

PERSON #1: Date:

Designated POA:

PERSON #2: Date

Designated POA:

TRUSTS:

TRUSTEE:

BENEFICIARIES:

ASSETS IN TRUST:

INCOME TAX RETURNS:

LOCATION OF RECORDS:

ORGANIZATIONS, SERVICES, & SUBSCRIPTIONS

ORGANIZATIONS:

HOMEOWNERS ASSOCIATIONS:

CONTACT INFORMATION

ANNUAL FEES: \$

OKLAHOMA STATE UNIVERSITY:

POSSE ACCOUNT NUMBER:

POSSE PASSWORD:

OSU FOUNDATION DONATION: \$ per year

SPORTS SEASON TICKETS:

SPORT/ SEAT NUMBERS:

SPORT/ SEAT NUMBERS:

ARTS ACTIVITIES:

PROFESSIONAL ORGANIZATIONS:

ORGANIZATION NAME:

WEBSITE:

MEMBER NUMBER:

ANNUAL COST: \$

ORGANIZATION NAME:

WEBSITE:

MEMBER NUMBER:

ANNUAL COST: \$

SERVICES:**HOUSE KEEPING:**

COMPANY:

CONTACT INFORMATION:

COST: \$ per

LAWN CARE:

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

Cost: \$ per

PEST CONTROL:

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

COST: \$ per

TERMITE TREATMENT:

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

ANNUAL COST: \$

SUBSCRIPTIONS:

ANCESTRY:

CONTACT INFORMATION

ACCOUNT NUMBER:

PASSWORD:

SUBSCRIPTION: \$ per

NEWSPAPERS:

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

SATELLITE RADIO:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

SOFTWARE:

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

STREAMING (HBO, NETFLEX, ETC.):

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

COMPANY:

CONTACT INFORMATION

ACCOUNT NUMBER:

SUBSCRIPTION: \$ per

REAL ESTATE

PROPERTY #1 ADDRESS:

LEGAL DESCRIPTION:

LOT SIZE:

PROPERTY TAX: \$

MORTGAGE COMPANY:

ADDRESS:

TELEPHONE NUMBER:

LOAN NUMBER:

PAYMENT AMOUNT: \$

PROPERTY #2 ADDRESS:

LEGAL DESCRIPTION:

LOT SIZE:

PROPERTY TAX: \$

MORTGAGE COMPANY:

ADDRESS:

TELEPHONE NUMBER:

LOAN NUMBER:

PAYMENT AMOUNT: \$

PROPERTY #3 ADDRESS:

LEGAL DESCRIPTION:

LOT SIZE:

PROPERTY TAX: \$

MORTGAGE COMPANY:

ADDRESS:

TELEPHONE NUMBER:

LOAN NUMBER:

PAYMENT AMOUNT: \$

SAFE DEPOSIT BOX OR PERSONAL SAFE

SAFE DEPOSIT BOX:

ADDRESS:

BOX NUMBER:

AUTHORIZED USERS:

KEY LOCATION:

PERSONAL SAFE:

LOCATION:

LOCATION OF KEYS:

COMBINATION:

INVENTORY OF CONTENTS:

UTILITIES

CELL PHONES:

COMPANY:

ACCOUNT NUMBER:

ELECTRICITY:

COMPANY:

ACCOUNT NUMBER:

GAS

COMPANY:

ACCOUNT NUMBER:

INTERNET, TV, PHONE

COMPANY:

ACCOUNT NUMBER:

WATER:

COMPANY:

ACCOUNT NUMBER:

VEHICLES

VEHICLE #1:

VIN:

TITLE NUMBER:

PURCHASED FROM:

PURCHASE DATE:

PURCHASE PRICE:

LICENSE PLATE NUMBER:

TAG COST: \$

PIKEPASS:

ACCOUNT NUMBER:

TAG NUMBER:

VEHICLE #2:

VIN:

TITLE NUMBER:

PURCHASED FROM:

PURCHASE DATE:

PURCHASE PRICE:

LICENSE PLATE NUMBER:

TAG COST:

PIKEPASS:

ACCOUNT NUMBER:

TAG NUMBER:

PERSON #1 FUNERAL ARRANGEMENTS

Suggestions for a Service of Witness to the Resurrection

To those who will make decisions for my Christian funeral or memorial service, I have given prayerful thought to the service of worship following my death. The following express my preferences. I realize that circumstances may apply which will make it impossible to fulfill every suggestion. I offer these preferences as a gift to those who will gather for worship following my death.

My full name and date of birth:

My will and other important documents are located: _____

If the pastor of the church is not available, I would like _____

to be asked to preside at the service. Contact information: _____

In addition to the presiding minister, I would like the following to be asked to assist the presiding Minister:

I would like the following persons to serve as readers: _____

I would like the following Scripture passages to be read: _____

I would like the following hymns or psalms in Glory to God Presbyterian Hymnal to be sung by the congregation: _____

I would like the service to take place:

☐ in my home church, which is _____

☐ at this funeral home: _____

☐ I prefer that both the funeral and committal service take place at graveside or burial site.

Regarding the service, I prefer:

☐ a **memorial service**, at which my body or ashes (cremains) are not present

☐ a **funeral service**, at which my body or ashes are present.

Disposition of my body: Providing that state law allows, I prefer that my body be

- ☐ Embalmed before ☐ burial in the ground or ☐ entombment
☐ Embalmed before cremation
☐ Cremated directly after my death, without embalment
☐ Burial without embalment (“green” burial)
☐ Donated to medical, for which I have made the following arrangements:
-

Regarding my ashes after cremation, I prefer that my ashes be:

- ☐ Buried in the ground ☐ committed to a columbarium
☐ Scattered at this location: _____

I prefer that the service for committal of my body take place:

- ☐ Before the memorial service ☐ after the memorial service or funeral

I have made arrangements with this funeral home:

I have purchased a plot/niche:

- ☐ No
☐ In a cemetery at this location: _____
☐ In a columbarium at this location: _____

I would like memorial contributions to be made to:

Here is other information I would like my family and worship leaders to have: _____

-Adapted from the Companion to the Book of Common Worship (244-245) PC (USA).

Please keep copies of this form for your records, give to friends/family and file a copy with church office.

PERSON #1 - ADDITIONAL SERVICE AND OBITUARY INFORMATION:

RELIGIOUS AFFILIATION:

Church:

Address:

Telephone and e-mail:

FUNERAL HOME PREFERENCES:

Address:

Telephone and e-mail:

Clothing and jewelry for burial:

ADDITIONAL INFORMATION FOR PLANNING THE SERVICE:

Special Request for Flowers:

Person I would like to speak at the service:

Contact information:

Photos for tribute:

Casket Bearers with contact information:

PERSONAL INFORMATION:

Do you want an obituary published? Where?

Photo for obituary:

Name as you want it on bulletin:

Date of Birth: Where born:

Marital Status: If married, date of marriage: Place:

Name of Spouse:

Father's Full Name:

Mother's Full Name:

Education (Institution and Degrees)

Vocation:

Firm Name or Business:

Your position

How many years?

Active or retired?

Other business or professional engagements:

Military Record:

Are you entitled to Military Honors?

Immediate Family Members (with addresses)

Preceded in death by:

Number of grandchildren:

Great-grandchildren:

Involvement in church ministries:

Community Activities:

Honors/awards Received?

Most important life achievements:

Professional/fraternal memberships:

Activities that gave your life special meaning:

Treasured memories you want shared with others:

Hobbies/Special interests:

PERSON #2 FUNERAL ARRANGEMENTS

Suggestions for a Service of Witness to the Resurrection

To those who will make decisions for my Christian funeral or memorial service, I have given prayerful thought to the service of worship following my death. The following express my preferences. I realize that circumstances may apply which will make it impossible to fulfill every suggestion. I offer these preferences as a gift to those who will gather for worship following my death.

My full name and date of birth:

My will and other important documents are located: _____

If the pastor of the church is not available, I would like _____

to be asked to preside at the service. Contact information: _____

In addition to the presiding minister, I would like the following to be asked to assist the presiding Minister:

I would like the following persons to serve as readers: _____

I would like the following Scripture passages to be read: _____

I would like the following hymns or psalms in Glory to God Presbyterian Hymnal to be sung by the congregation: _____

I would like the service to take place:

☐ in my home church, which is _____

☐ at this funeral home: _____

☐ I prefer that both the funeral and committal service take place at graveside or burial site.

Regarding the service, I prefer:

☐ a **memorial service**, at which my body or ashes (cremains) are not present

☐ a **funeral service**, at which my body or ashes are present.

Disposition of my body: Providing that state law allows, I prefer that my body be

- ☐ Embalmed before ☐ burial in the ground or ☐ entombment
- ☐ Embalmed before cremation
- ☐ Cremated directly after my death, without embalmment
- ☐ Burial without embalmment (“green” burial)
- ☐ Donated to medical, for which I have made the following arrangements:

Regarding my ashes after cremation, I prefer that my ashes be:

- ☐ Buried in the ground ☐ committed to a columbarium
- ☐ Scattered at this location: _____

I prefer that the service for committal of my body take place:

- ☐ Before the memorial service ☐ after the memorial service or funeral

I have made arrangements with this funeral home:

I have purchased a plot/niche:

- ☐ No
- ☐ In a cemetery at this location: _____
- ☐ In a columbarium at this location: _____

I would like memorial contributions to be made to:

Here is other information I would like my family and worship leaders to have: _____

-Adapted from the Companion to the Book of Common Worship (244-245) PC (USA).

Please keep copies of this form for your records, give to friends/family and file a copy with church office.

PERSON #2 - ADDITIONAL SERVICE AND OBITUARY INFORMATION:

RELIGIOUS AFFILIATION:

Church:

Address:

Telephone and e-mail:

FUNERAL HOME PREFERENCES:

Address:

Telephone and e-mail:

Clothing and jewelry for burial:

ADDITIONAL INFORMATION FOR PLANNING THE SERVICE:

Special Request for Flowers:

Person I would like to speak at the service:

Contact information:

Photos for tribute:

Casket Bearers with contact information:

PERSONAL INFORMATION:

Do you want an obituary published? Where?

Photo for obituary:

Name as you want it on bulletin:

Date of Birth: Where born:

Marital Status: If married, date of marriage: Place:

Name of Spouse:

Father's Full Name:

Mother's Full Name:

Education (Institution and Degrees)

Vocation:

Firm Name or Business:

Your position

How many years?

Active or retired?

Other business or professional engagements:

Military Record:

Are you entitled to Military Honors?

Immediate Family Members (with addresses)

Preceded in death by:

Number of grandchildren:

Great-grandchildren:

Involvement in church ministries:

Community Activities:

Honors/awards Received?

Most important life achievements:

Professional/fraternal memberships:

Activities that gave your life special meaning:

Treasured memories you want shared with others:

Hobbies/Special interests:

PEOPLE TO NOTIFY IN CASE OF DEATH

ALSO NOTIFY:

_____ EMPLOYER(S):

_____ DOCTORS:

See page ____

_____ BANKS:

See page ____

_____ INSURANCE COMPANIES

See pages ____

_____ OTHER

BIBLIOGRAPHY & RESOURCES

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“Personal Affairs Record Book” published by the Council for Court Excellence in February 2002 and printed as a public service by GEICO

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Todd, Elaine and Schultz, Alan D.; All Together Now: Records, Instructions and Wishes for Those You Love

FEDERAL GUIDANCE & FORMS

See separate documents for the following:

Getting Started with Reporting the Death of a Federal Retiree

Getting Started with Reporting the Death of a Current Spouse of a Living Federal Retiree

Getting Started with Reporting the Death of a Spouse of a Deceased Federal Retiree

FEDERAL FORMS (Fill out forms with your personal information so it is ready to sign, date and submit at the time of employee's death):

1. FORM FE-6: STATEMENT OF CLAIM – OPTION C FAMILY LIFE INSURANCE
Federal Employees Group Life Insurance (FEGLI) – January 2026
2. SF 2800 – APPLICATION FOR DEATH BENEFITS (CSRS) – Nov. 2011
3. SF 3104 – APPLICATION OF DEATH BENEFITS (FERS) – May 2013
4. SF 3102 - DESIGNATION OF BENEFICIARY (CSRS & FERS) – October 2022
5. SF2823 – DESIGNATION OF BENEFICIARY FOR FEDERAL EMPLOYEES
GROUP LIFE INSURANCE PROGRAM

IMPORTANT NOTES:

Before submitting these forms....

1. Check to see that the standard forms are still current (OPM may revise them in the next 30 to 40 years!)
2. Fill in date of death
3. Attach death certificate
4. Attach marriage certificate (in this file)
5. Check over all entries to see if correct.
6. Decide where to deposit death insurance funds (checking account or set up account with MetLife). May be easier to just deposit in checking account?
7. Submit OPM notification soon to avoid receiving another annuity check that will need to be returned to US Treasury; avoid that hassle

After the forms are submitted, don't forget to change your health insurance to self only (from self plus one)

ACTIONS TO TAKE AT TIME OF FEDERAL EMPLOYEE DEATH

1. Payments and checks issued after the date of the retiree's death must be returned to the Treasury Department because government payments to a deceased person cannot be negotiated by any other person, including the executor or administrator of the deceased retiree's estate. The eligible survivor or person reporting the retiree's death needs to return any uncashed annuity checks to the return address shown on the envelope in which the annuity or Social Security check arrived. Any annuity that was accrued for the retiree through the date of his or her death will be included in the benefits payable to the eligible survivor(s). If payments have been sent directly to a bank or other financial institution, the bank or financial institution must be promptly notified of the retiree's death. Any payments deposited after the date of the retiree's death must be left untouched. The agency that issued the payment will ask the Treasury Department to recover it.

2. The eligible survivor or person reporting the retiree's death should notify the agencies that are paying benefits by telephone:

- Social Security Administration: 800-772-1213
- Office of Personnel Management (OPM): 888-767-6738 (toll-free)

If you cannot reach OPM by phone, you can report the death in writing by sending a notice to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017, Attn: Death Claims; or you can fax the notice to 724-794-1263. You also can e-mail OPM at retire@opm.gov. Note: OPM prefers that deaths be reported by phone.

The person reporting the retiree's death will need to provide the information included in the Sample Notification included at the end of this guide. The individual will be able to talk to a customer service specialist or leave a message reporting the retiree's death. OPM will then have the information needed to identify the retiree's records. Once the agency receives the notification of death, it will stop benefits payments. OPM will then notify the person or persons who are eligible for death benefits that they may apply for those benefits.

OPM also will send the application for life insurance, which must be completed and sent to the Office of Federal Employees' Group Life Insurance (OFEGLI). Once an application is received, OPM can finalize the survivor's death benefits, including any applicable Federal Employees Health Benefits Program coverage for survivor annuitants.

3. Certified copies of the retiree's death certificate should be obtained to enclose with death benefits applications [for example, from OPM, the Office of Federal Employees' Group Life Insurance (OFEGLI), Social Security Administration].

The retiree's death certificate is important because it establishes the retiree's exact date of death for the agencies that pay death benefits.

If additional information is needed, it will be requested by the agency responsible for the payment of the death benefits for which applications have been submitted. Other evidence that might be requested may include copies of marriage certificates, birth certificates, divorce decrees, death certificates for deceased children or spouses, or other documents establishing identity or relationship to the deceased retiree -- the types of personal records that any reasonably prudent person would keep in a safe place. OPM, Social Security, OFEGLI, etc., will only request evidence that is not already on file with the deceased retiree's records. After processing the information, OPM will issue the survivor annuitant with a new claim number.

As noted previously, if the retiree had FEGLI coverage, OPM will send out applications for benefits to designated beneficiaries or persons entitled to the life insurance under the FEGLI order of precedence. Survivors of a deceased retiree do not need to notify or contact OFEGLI. OPM will notify OFEGLI and will certify that the retiree was covered by FEGLI and the amount of the retiree's life insurance coverage. After that, OFEGLI will make payments to eligible survivors who have submitted applications for benefits.

Death of an Annuitant's Spouse

When an annuitant's spouse dies, the annuitant should act as soon as possible to send OPM a copy of the spouse's death certificate, along with any other applicable requests and statements (see Sample Notification at the end of this guide). The annuitant also can obtain assistance in notifying OPM from his or her chapter service officer or the local NARFE Service Center.

Restoration to Full Annuity Rate

If an annuitant has elected a full or partial survivor annuity for his or her spouse, the annuitant can have the annuity restored to the full, unreduced rate if the spouse predeceases the annuitant. The restoration to the unreduced rate is effective as of the first day of the month after the date of the spouse's death. The annuitant should notify OPM that he or she wants to have the annuity restored to the full rate by writing to the OPM Retirement Operations Center, P.O. Box 45, Boyers, PA 16017-4500.

The Report of Death (Sample Notification) can be used to notify OPM, along with a copy of the spouse's death certificate. Any items applicable to the individual annuitant's situation should be covered in the letter.

Federal Employees Health Benefits Program (FEHBP)

The annuitant should request that his or her FEHBP enrollment be changed from self-and-family coverage to self only coverage, if there are no other family members (e.g., minor children, disabled or eligible grandchildren) who are entitled to FEHBP coverage under the annuitant's enrollment. This can be taken care of immediately by contacting OPM by phone at 888-767-6738 (202-606-0500 in the Washington, DC, calling area).

Designations of Beneficiaries

If the annuitant wants to designate a new beneficiary or beneficiaries for his or her unassigned FEGLI coverage, and for any unexpended retirement monies in the Civil Service Retirement Fund (which covers both the CSRS and FERS), he or she should request that OPM send new designation forms. In addition, if the annuitant has a Thrift Savings Plan (TSP) account, the annuitant should contact the TSP Office to request form TSP-3, "Designation of Beneficiary." The address is: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. The phone number is 877- 968-3778. The form also can be downloaded from the TSP Web site at www.tsp.gov. Make sure that all of your beneficiary forms are up-to-date, both with your designated beneficiary(ies) and to ensure that the addresses are current.

Family Life Insurance

If the deceased spouse was covered under the annuitant's Option C FEGLI Family Insurance, the annuitant also should request FEGLI form FE6-DEP, "Statement of Claim," to file for the life insurance benefits.

Income-Tax Withholding

If the annuitant wants to change the amount of federal or state income tax being withheld from his or her annuity, the annuitant can do this online at www.opm.gov/retire. The change also can be made by phone by calling 888-767-6738 (or 202-606-0500 in the Washington, DC, area). The annuitant will need to have the retirement claim number and personal identification number or Social Security number. OPM will change the tax withholding as requested by the annuitant. No special forms are required.

Death of a Survivor Annuitant

If your spouse is deceased, you also may want to complete a designation of beneficiary form for FEGLI. If you do not receive this form when you report your spouse's death, you can request it from OPM. An executor or a survivor spouse of a deceased survivor annuitant must take certain actions pertaining to the survivor annuity of the deceased survivor annuitant as soon as possible. When a survivor annuitant dies, his or her entitlement to survivor annuity payments ends at the end of the month prior to the date of the survivor annuitant's death. Any uncashed or non-negotiated annuity checks sent to the survivor annuitant, regardless of when received, and any annuity payments that are directly deposited to a bank or other financial institution after the date of death must be returned.

Thrift Savings Account

If the survivor annuitant had a TSP account or an annuity, the TSP Service Office should be contacted to report the death: Thrift Savings Plan Office, P.O. Box 385021, Birmingham, AL 35238. You also can call 877-968-3778.

National Association of Federal Employees

If there are any questions about these procedures or you need assistance, contact the nearest NARFE chapter service officer or NARFE Service Center volunteer. If you do not have contact information, call the NARFE Member Records Department at 800-456-8410 and request the contact information for the nearest chapter service officer or NARFE Service Center volunteer.

SAMPLE NOTIFICATION INFORMATION (Complete for your records)

Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-4500
Phone: 724-794-2005, option 6

Fax: 724-794-1112

Name of deceased: _____

Federal annuitant Spouse of federal annuitant Survivor annuitant

Name of annuitant: _____

Claim number (CSA): _____

Social Security number: _____

Date of death: _____

My relationship to the deceased is: **Spouse** Other (specify) _____

If spouse, my Social Security number is: _____

My date of birth is: _____

I request the following change in enrollment in the Federal Employees Health Benefits Program:

Change from self-plus-one to self-only

Continue self-and-family because the deceased is survived by other eligible dependents

Death Certificate: Enclosed Will be included with claims

Please provide the undersigned with claim forms for available benefits, if any, at the address below.

Sincerely,

Signature Date: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone number: _____ Best time to call: _____ Day Time _____

Note: To make a toll-free death report or for general inquiries, call the OPM Retirement Information Office at 888-767-6738.