

# Example of a Family **Care Plan**

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## Why do you NEED a Family Care Plan NOW?

1. Provides a written plan for your Next of Kin/Funeral Representative at a critical time.
2. Prevents any uncertainty of your wishes.
3. Relieves your loved ones from the urgent task and decision to protect them during a time of EMOTIONAL upheaval.
4. Provides Peace of Mind for you.
5. Can be modified at any time.
6. Brings final expense into focus.

### ESTATE PLANNING DOCUMENTS

### FAMILY CARE PLAN

1. Financial/Legal Power of Attorney
2. Patient Advocate
3. Advanced Directive
4. HIPPA Authorization
5. Family Care Plan
6. Will
7. Trust

1. **Next of Kin – Immediate Family**
2. **Persons to be Notified**
3. **Vital Statistics & Biography**
4. **Family Care Plan – Healing Support Plan**
5. **Funding Plan**

## #1 - NEXT OF KIN & IMMEDIATE FAMILY MEMBERS

### #1-Next of Kin/Funeral Representative

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### #2-Alternate Next of Kin

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### #3 Other Immediate Family Members

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Full Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**#2-PERSONS TO BE NOTIFIED** *(Family – Friends – Neighbors – Coworkers – Church/Lodge Members)*

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Full Name** \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

**E-mail** \_\_\_\_\_

### #3 VITAL STATISTICS & BIOGRAPHICAL INFORMATION

#### Personal Information

Full Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

SSN # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Marital Status       Married    Never Married    Divorced    Widow    Widower

Spouse's Name \_\_\_\_\_ Spouse's Maiden Name \_\_\_\_\_

Place of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_

#### Education History

Education Level    High School    Associates    Bachelor Degree    Master's Degree    Doctorate

#### Military Record

Did you serve in the military?    Yes    No

Branch of Service \_\_\_\_\_

Do you have a copy of your DD214 discharge papers?    Yes    No

#### Employment History

Significant Occupations & Achievements in Years Past

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

**Religious Affiliation**

Church Name \_\_\_\_\_

Clergy Person \_\_\_\_\_

**Funeral Service Request**

Place of Service       Funeral Home    Church    Cemetery

Place of Visitation \_\_\_\_\_

Religious Denomination \_\_\_\_\_      Place of Worship \_\_\_\_\_

**Final Disposition**    Cremation    Burial    Entombment    Other

If Burial, Cemetery \_\_\_\_\_

Lot # \_\_\_\_\_      Section/Letter \_\_\_\_\_      Grave # \_\_\_\_\_

Cemetery Address

Street \_\_\_\_\_      City \_\_\_\_\_      State/Province \_\_\_\_\_      ZIP/Postcode \_\_\_\_\_

Cemetery Telephone \_\_\_\_\_

**Summary Details**

Additional instructions for us \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memorial requests or donations to charity \_\_\_\_\_

Farewell Memories \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## #4-FAMILY CARE PLAN – HEALING SUPPORT SERVICE PLAN

Name(s): (p1) \_\_\_\_\_ (2) \_\_\_\_\_ Date \_\_\_\_\_

### A FUNERAL SERVICES (1) (2)

**Use of Facilities/Staff/Equipment for:**

Basic Services of Funeral Directors and Staff \$ \_\_\_\_\_ \$ \_\_\_\_\_

Embalming  / Refrigeration  ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Preparation (cosmetics, casketing, dressing) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Visitation/viewing \_\_\_\_\_ days at \$ \_\_\_\_\_ / day \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Funeral/Memorial Service ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Graveside Service ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Transportation**

Transfer of Deceased ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Hearse ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Utility Vehicle/Van ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL SERVICES (A)** \$ \_\_\_\_\_ \$ \_\_\_\_\_

### B FUNERAL MERCHANDISE (1) (2)

Casket 1 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Casket 2 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Outer Burial Container 1 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Description \_\_\_\_\_

Urn Manufacturer 2 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Description \_\_\_\_\_

Printing Package ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MERCHANDISE (B)** \$ \_\_\_\_\_ \$ \_\_\_\_\_

### C CASH ADVANCE ITEMS (1) (2)

Death Certificate(s) Number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Obituary No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Flowers ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

SCD/Arc Protection ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Card ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Clergy Honorarium ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Musical Tapes ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Graveside Services ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Accounting ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Funerary ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Interment (opening/closing) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Vault Setting ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Monument/Marker Allowance ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Final Date Etching/Other ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Sales Tax \_\_\_\_\_ % \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CASH ADVANCE ITEMS (C)** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL GOODS AND SERVICES (A+B)** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FUNERAL AMOUNT (A+B+C)** \$ \_\_\_\_\_ \$ \_\_\_\_\_

TO BE COMPLETED WITH FAMILY CARE PLANNER

## #5-HOW WILL THIS PLAN BE FUNDED?

### A PERSONAL INFORMATION (1)

Name \_\_\_\_\_

Age \_\_\_\_\_

Today's Costs \_\_\_\_\_

### B FUTURE COST ESTIMATES (1)

5 Years \_\_\_\_\_

10 Years \_\_\_\_\_

15 Years \_\_\_\_\_

20 Years \_\_\_\_\_

Life Exp \_\_\_\_\_ Value \_\_\_\_\_

#### PAID ON DEATH ACCOUNT

Account # \_\_\_\_\_

#### Life Insurance?

Whole Life    Term

Company \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Death Benefit Amount \_\_\_\_\_

#### Cash on Hand

Account # \_\_\_\_\_

#### Funeral Trust

Account# \_\_\_\_\_

#### Funeral Insurance

Account# \_\_\_\_\_