My Final Wishes Planner

Florida Family Coverage

This planner helps your family know your wishes and find what they need. It is not a will and is not a legal document. Talk with your family about it, and keep it with your important papers.

About me

Full name _____ **Date of birth** _____

Address _____

Place of birth _____ **Religion or faith** _____

My wishes

☐ Burial ☐ Cremation ☐ Entombment ☐ Donate my body to science

☐ Not sure yet

Funeral home I would like _____ **Phone** _____

Cemetery or resting place _____ **Plot or details** _____

My service

☐ Religious service ☐ Memorial service ☐ Graveside only

☐ Celebration of life ☐ No service

Place of service _____ **Who should lead it** _____

Music or songs _____

Readings or prayers _____

☐ Flowers ☐ Donations instead ☐ Both

Charity or cause for donations _____

For my obituary

Family to list, work, service, faith, clubs, things I loved:

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My life insurance

Company	Policy number	Amount	Beneficiary	Agent and phone

People to tell

Name	Relationship	Phone

Other wishes

Clothing, jewelry, photos, things I want family to know:

My signature _____ **Date** _____

Questions about your life insurance? Call Florida Family Coverage at 1-866-70-COVER. Questions about a will or estate? Talk with a licensed Florida attorney.