

Final Wishes Planning Kit



TRADITION & INNOVATION IN FUNERAL CARE



To My Family

In the following pages I detailed my wishes for arrangements after I'm gone. By planning ahead I hope to spare you any unnecessary expense, anxiety and inconvenience at the time of my death. I have taken this step in a spirit of love, believing that you would be burdened by greater distress if these decisions were left for you to make with no indication of my specific wishes.

Though these arrangements may not be legally binding, I trust they will help to avoid confusion which might arise because of doubts or omissions.

Name

Signature

Date

Vital Statistics

Date _____

Name _____
First Middle Last

Address _____
Street City State Zip

Birthplace _____
City State

Date of Birth _____

Social Security Number _____

Usual Occupation _____

Industry or Business _____

☐ Veteran _____
Name of War Date of Service

Branch of Service and Rank

Service Serial Number

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Name of Spouse _____

Name of Father _____

Mother's First and Maiden Name _____

Level of Education

Elementary/Secondary (last year completed) _____

College (number of years) _____

Postgraduate (number of years) _____

Celebration Instructions

The first thing to do following my death is to make arrangements with my Funeral Director. The following arrangements are in accordance with my wishes:

Funeral Home _____

Address _____

Funeral Director _____

Celebration Type

- ☐ Traditional Burial ☐ Cremation
- ☐ Church ☐ Oakey's Chapel ☐ Graveside ☐ Cremation Tribute Center
- ☐ Other _____

Type of Casket

- ☐ Cloth Covered ☐ Exposed Wood ☐ Metal ☐ Other _____

Visitation

- ☐ Yes ☐ No
- ☐ Open Casket ☐ Closed Casket
- ☐ Traditional (Evening AND Morning) ☐ Evening Or Morning Only

Clothing

- ☐ My Own _____
- ☐ New _____

Obituary

- ☐ Yes ☐ No ☐ Which Newspapers: _____
- _____

Celebrant _____

Fraternal or Other Affiliations _____

Pallbearers 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Final Disposition

Type of Disposition

- ☐ Ground Interment
- ☐ Mausoleum
- ☐ Columbarium
- ☐ Other _____

Cemetery

- ☐ Own a Lot
- ☐ Do Not Own a Lot
- Cemetery Name _____

Vault

- ☐ Yes
- ☐ No

Special Requests

In the space below, note additional information that matters to you and you would like included, such as clothing, jewelry, glasses, flowers, music, poems, prayers, scripture, military or fraternal honors and types of celebration.

[illegible]

Documents and Personal Papers

Bank Accounts

Name of Bank	Type of Account
_____	_____
_____	_____
_____	_____
_____	_____

Safe Deposit Box

Location _____
Location of Key(s) _____

Location of the Following

Birth Certificate _____
Children's Birth Certificates _____
Marriage Certificate _____
Deeds and Titles _____
Mortgages and Notes _____
Last Will and Testament _____
Military Discharge _____
Income Tax Records _____
Other Documents _____

Advance Planning Contract

Policy Number _____

Face Amount \$ _____

Date of Policy _____

This contract is for services and merchandise as specified in the policy or in the endorsements attached thereto.

Insurance Information

Company _____

Policy Number _____ Amount \$ _____

Company _____

Policy Number _____ Amount \$ _____

Company _____

Policy Number _____ Amount \$ _____

Company _____

Policy Number _____ Amount \$ _____

Company _____

Policy Number _____ Amount \$ _____

Family and Friends

[illegible]

For Further Assistance

If you have questions, feel free to contact us anytime:

540.982.2100 | oakeys.com

ROANOKE CHAPEL

318 CHURCH AVE. SW | ROANOKE, VA 24016
540.982.2100 or toll free 800.638.0710

NORTH CHAPEL

6732 PETERS CREEK RD. | ROANOKE, VA 24019
540.362.1237

VINTON CHAPEL

627 HARDY RD. | VINTON, VA 24179
540.982.2221

SOUTH CHAPEL &

THE CREMATION TRIBUTE CENTER
4257 BRAMBLETON AVE. | ROANOKE, VA 24018
540.989.3131

EAST CHAPEL

5188 CLOVERDALE RD. | ROANOKE, VA 24019
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