GALVESTON
MEMORIAL PARK

Family Legacy Portfolio

Important Documents • Emergency Contacts

Vital Statistics • Insurance, Account & Will Information

Prepared for the families served by

Galveston Memorial Park Cemetery

Contact Information

7301 Memorial Drive, Hitchcock, Texas 77563

(409) 986-7409

www.GMPcemetery.com

A convenient portfolio to help record important information and final wishes for your loved ones.

To My Loved Ones,

It is my wish that you will be spared anxiety, added expense and inconvenience at the time of my death.

Therefore, in this book you will find information which I have recorded, and a plan which represents arrangements I have made in advance, hoping in this way to relieve you at the time of need.

Difficult as it has been for me to write this down, I feel a greater distress would be placed on you - and perhaps a far greater distress for my loved ones - if these decisions were left to be made with no indication of my specific wishes.

I know you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

With Love,

Signature _____

Date _____

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67 THINGS...

that must be done at the time of a death

NOTIFY IMMEDIATELY

1. Coroner
2. Funeral Director
3. Cemetery
4. Physicians
5. Relatives & Friends
6. Deceased's employer
7. Employers of relatives missing work
8. Legal and Insurance agents
9. Attorney & accountant
10. Clergy and house of worship

DECIDE & ARRANGE IMMEDIATELY

11. Select funeral director*
12. Select cemetery*
13. Purchase burial property*
14. Select the casket*
15. Select the vault*
16. Select the memorial*
17. Decide location of service
18. Select clergy or person you want to officiate
19. Provide information for eulogy
20. Select flowers
21. Arrange for music & visitation
22. Arrange type of service (military, etc.)
23. Provide obituary to newspaper
24. Answer calls, messages, & letters
25. Get addresses for thank you cards
26. Meet with funeral director
27. Check and sign burial permit
28. Arrange for special memorial services
29. Check the will for special wishes
30. Order death certificate
31. Look after house, children and pets

SECURE VITAL STATISTICS

All of this information is required for the Death Certificate issued by the Board of Health.

32. Name, home address & telephone
33. How long in state
34. Business name, address, phone
35. Occupation and title
36. Social Security Number
37. Veteran's Serial Number
38. Date of birth
39. Place of birth
40. U.S. citizenship
41. Father's name
42. Father's birthplace
43. Mother's maiden name
44. Mother's birthplace
45. Religious name (if any)

COLLECT DOCUMENTS

All of this information is required to establish rights for insurance, pension, Social Security, etc.)

46. Death certificate
47. Deed to burial property
48. Will
49. Legal proof of age or Birth Certificate
50. Social Security card or number
51. Marriage license
52. Citizenship papers
53. Insurance policies
54. Bank books
55. Deeds to property
56. Bill of sale of car
57. Tax returns, receipts, checks
58. Veteran's discharge certificate
59. Disability & pension claims

PAY THE FOLLOWING

60. Funeral home services*
61. Burial plot, mausoleum or niche*
62. Vault*
63. Casket*
64. Interment Charge (opening and closing of burial space)*
65. Clergy
66. House of worship
67. Transportatio

IF THERE HAD BEEN A DEATH IN YOUR FAMILY YESTERDAY, WHAT WOULD YOU BE DOING TODAY?



Planning ahead eliminates doubt about decisions made and eases the burden of planning for final arrangements.

GALVESTON
MEMORIAL PARK

We spend money protecting our families from things that May happen...









Doesn't it make sense to protect your family and be prepared for the one thing we KNOW will happen?

General Information

INFORMATION OF _____

Name:_____
First Middle Last

Address:_____
City County State Zip Code

Sex: __ Male __ Female Residence Phone#:_____

Race *(White, Black, American Indian, Asian, etc)*:_____
(If of Hispanic origin, please specify Cuban, Mexican, etc.)

Social Security Number---------- _____

Place of Birth:_____ Date of Birth:_____
City County State Country

Vital Statistics

Marital Status: Married_____ __ Never Married __ Widowed __ Divorced
Date

Name of Surviving Spouse:_____
(Maiden name if Wife)

Usual Occupation:_____ Type of Business/Industry_____

Employer:_____ *(See page 20 for additional info)*

Education *(highest grade completed)*: Elementary/Secondary_____College_____
0-12 1-4 or 5+

Degree(s):_____

Father's Name:_____ Place of Birth:_____
First Middle Last

Mother's Maiden Name:_____ Place of Birth:_____
First Middle Last

Contact Person Completing Arrangements

(Informant's Name):_____
Name Phone#:

Armed Forces

Branch of Service:_____ Service Serial Number:_____

Date Entered Service:_____ Place:_____

Type of Separation or Discharge of Service:_____Date:_____

Place of Separation:_____

Location of Military Discharge Papers *(DD214)*:_____

Highest Grade, Rank or Rating Received:_____

Wars/Conflicts Served:_____

Additional Information/Medals/Honors/Citations:_____

(See page 14 for Veteran's Benefit Information)

Estate Information

INFORMATION OF _____

The Importance of a Will

If you die without a *Will*, state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a *Will*, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted *Will*. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper *Will*. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of *Wills*. It is recommended that this matter be handled by a competent attorney. Homemade *Wills* may not stand up in court.

You should review your *Will* every few years, particularly if you have moved or your family situation has changed since you last executed a *Will*. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a *Will* was executed.

When you realize how much is at stake...the well-being of your entire family and the protection of your property...we believe that you will find that the attorney's fee for drafting your *Will* and planning your estate is a worthwhile investment.

I have a Will: __ Yes __ No

Date of Will: _____

Location of Will: _____

Executor/Executrix: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Prepared by *(attorney)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Financial Information-Part One

INFORMATION OF _____

Banking

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Bank: _____ Branch: _____

Type of Account: *Checking* #: _____ *Savings* #: _____

Safe Deposit Location: _____

Box Number: _____ Key Location: _____

Additional Information: _____

Credit Cards

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

__ Visa __ MasterCard __ Am. Express __ Discover __ Other: _____

Account #: _____* *Expiration Date*: _____

**Numbers are recorded in case of loss or theft, as reference.*

Financial Information-Part Two

INFORMATION OF _____

Location of Policy/Policies: _____

Life Insurance/Benefits

Type: __Term __Whole Life __Universal __Group __Other:_____
Name of Company: _____Policy #:_____Beneficiary:_____

Type: __Term __Whole Life __Universal __Group __Other:_____
Name of Company: _____Policy #:_____Beneficiary:_____

Type: __Term __Whole Life __Universal __Group __Other:_____
Name of Company: _____Policy #:_____Beneficiary:_____

Type: __Term __Whole Life __Universal __Group __Other:_____
Name of Company: _____Policy #:_____Beneficiary:_____

Type: __Term __Whole Life __Universal __Group __Other:_____
Name of Company: _____Policy #:_____Beneficiary:_____

Real Estate Holdings

Description: _____
Address: _____
Deed Location:_____

Description: _____
Address: _____
Deed Location:_____

Description: _____
Address: _____
Deed Location:_____

Description: _____
Address: _____
Deed Location:_____

Other Financial Assets

Financial Assets

INFORMATION OF _____

Mutual funds, stocks, bonds, vehicles, etc.

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Type/Description: _____

_____ Location: _____

Personal Bequests

Please list all family heirlooms and items of sentimental value below:

Article	*Beneficiary*

Items of financial value should also be recorded and addressed in a Will for legal assuredness.

Social Security Information

Social Security Number of: _____

SS# _____

Address of Nearest Social Security Office: _____

Phone#:_____

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security Benefits, you will need the following when you contact your Social Security Office:

1. Social Security Number
2. Marriage License
3. Children's Birth Certificates
4. W2 for the previous two years
5. Proof of widow(er)'s age if 62 years or older
6. Certified Copy of Death Certificate

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

Social Security Administration Toll-Free Phone Number

1-800-772-1213

www.ssa.gov

Veteran's Burial Benefits

VETERAN'S BURIAL ALLOWANCE

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

- You may be entitled to a VA burial allowance if:
- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Service-related death. The VA will pay an allowance toward burial expenses.
Non-Service related death. The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

HEADSTONES AND MARKERS

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available. The style chosen must be consistent with existing monuments at the place of burial.
- Niche markers are also available to mark columbaria used for inurnment of cremated remains.

BURIAL FLAGS

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificate (if applicable)
- Certified Copy of the Death Certificate

Veteran's Administration Toll-Free Phone Number

1-800-827-1000

www.va.gov

Medical History

INFORMATION OF _____

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for:

n Cancer: _____
n Tuberculosis: _____
n Kidney Disorder: _____
n Diabetes: _____
n Circulatory Problems: _____
n Heart: _____
n Other: _____
n Other: _____

I am allergic to the following drugs:

1. _____ 3. _____
2. _____ 4. _____

Physician: _____ Phone#: _____
Address: _____

I have a Living Will: __Yes __No
Location of document: _____
Additional Remarks: _____

I am an Organ Donor: __Yes __ No
Additional Remarks: _____

Funeral Service-Part One

INFORMATION OF _____

The following is an expression of my funeral service decisions.

Funeral Home/Crematorium Preferred:_____

Address: _____ Phone #: _____
Street Address City State

Place of Service: Funeral Home:_____ Church: _____

_ Cemetery/Memorial Park Chapel __ Graveside __ Memorial Service

__ Other: _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations *(military, fraternal, lodge, etc.)*: _____

Flag: __ Draped __ Folded Presented to:_____

Wake/Rosary Service: __Yes __ No Location: _____ Officiator: _____

Viewing: __ Public __ Private __ None

Clothing Preference: __ From Current Wardrobe __ New Other: _____

Description/Color:_____

Personal Accessories:

__Wedding Band __ Stays On __Or Return to: _____

__ Eyeglasses __ Stays On __ Or Return to: _____

__ Other_____ __ Stays On __ Or Return to: _____

Floral Preference *(type and color preferred)*:_____

Memorial donations may be made to:_____

Music: Organist: _____ Soloist(s):_____

Musical Selections:_____

Religious Passages Selected: _____

Eulogy by:_____ Notations for Eulogy:_____

_____

_____

Newspaper Notices (Names of Papers): _____ Photo: n

Casket: __ Open during service __ Closed during service

Type of Casket: __ Hardwood __ Metal __ Cremation Casket

Description: _____

Instructions

Funeral Service-Part Two

INFORMATION OF _____

I have "Travel Protection" __ Yes __ No

Name of Plan:_____ Contract #:_____

Participant:_____

Name of Receiving Funeral Home:_____

Address:_____ City:_____ State:_____

Phone#:_____

The services and merchandise noted are prepaid and contracts/policies can be located at:

_____

Instructions

Pallbearers' Names	Relationship	Phone#

Honorary Pallbearers' Names	Relationship	Phone#

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with remains.

_____

_____

_____

_____

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MEMORIAL PARK

Cemetery Memorialization

INFORMATION OF _____

Memorial Park/Cemetery Preferred: _____

Address: _____
Street Address City State

Phone#: _____

I __ Own __ Prefer

Type of Arrangements: _ Family Estate __ Companion __ Single

Type of Burial Rights: __ Mausoleum _ Lawn Crypt _ Ground Burial _ Cremation w/ Memorialization

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed: _____

Instructions

I __ Own __ Prefer Vault/Outer Burial Container

Memorialization: _ Upright Monument __ Memorial Plaque

__ Bronze Plaque _ Granite Plaque __ Other: _____

Inscription: _____

Emblem(s): _____

Family Present During Closing of Property? __ Yes __ No

Opening and Closing of Property? __ Prepaid __ To be determined

If Cremation, What Type of Disposition? __Burial __ Niche

_ Scattering Garden __ Cremation Garden

__ Other: _____

Cremation Memorial Plaque Inscription: _____

Cremation Remains Container: _ Urn __ Keepsake Memorial __Other: _____

Description: _____

Additional Remarks/Special Instructions/Items to be placed with the remains, etc.

_____

_____

_____

_____

Family Members & Relatives

INFORMATION OF _____

Children/Grandchildren/Relatives

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Name: _____

Relationship: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

To Be Notified

INFORMATION OF _____

Close Friends

Name *Relationship* *Phone#*

_____

_____

_____

_____

_____

_____

Advisors

Name *Firm/Professional* *Relationship* *Phone#*

_____

_____

_____

_____

_____

_____

Organizations

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#: _____

Name of Organization: _____

Contact Person: _____ Phone#:

INSTRUCTIONS FOR MY PETS

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

_____

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

_____

For the following pet(s): _____

Please care for the above listed with the following instructions:

_____

_____

_____

My plan is to have the above listed pet(s) cared for by: _____

I **do or do not** have a pet will or trust. The will or trust is located at: _____

Please follow my wishes for my pet(s).

_____ _____

Signed Date

EMAIL AND SOCIAL MEDIA

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Account _____
Username _____
Password _____
Notes _____

Legacy Information

BIOGRAPHICAL SKETCH FOR_____

Every individual is deserving of a meaningful obituary written in their memory. It is here that you may list those achievements and accomplishments that have been of pride to you and your loved ones.

Early childhood and upbringing: _____

Adolescent Years: _____

Early adulthood: _____

My proudest family moments: _____

My proudest career accomplishments: _____

My proudest civic accomplishments/involvements: _____

Special Achievements/Awards/Offices Held/Additional Points of Interest and Memories: _____

Experience/Stories/Tales

Notes to My Loved Ones

Protections I Have Provided for My Family

This sheet enables you and your family to know exactly which arrangements have been made and which ones remain to be determined.

☐

INTERMENT RIGHTS

☐ Mausoleum ☐ Ground Burial

☐ Niche ☐ Cremation Garden

☐ Lawn Crypt

__/__/__

Date Selected

_____

_____

_____

☐

OUTER BURIAL CONTAINER

__/__/__

Date Selected

☐

FUNERAL/ MEMORIAL SERVICE

__/__/__

Date Selected

☐

MEMORIALIZATION

__/__/__

Date Selected

☐

CASKET/URN

__/__/__

Date Selected

☐

OPENING AND CLOSING

__/__/__

Date Selected

☐

OUT OF AREA PROTECTION

__/__/__

Date Selected

☐

PERSONAL PREFERENCES

☐ Flowers ☐ Readings

☐ Music ☐ Additional

__/__/__

Date Selected

AT THE TIME OF DEATH YOU HAVE NO CHOICE

"THE **WRONG** CHOICE"

- Emotional Overspending
- Making Decisions Alone
- Unnecessary Stress
- Facing Uncertainty
- Higher Costs – Rising Inflation



PRE-PLANNING PROTECTS THOSE WE LOVE

"THE **RIGHT** CHOICE"

- Decisions are Made Together
- Affordable Payment Plans
- Today's Lower Price
- Eliminate Doubt
- Remove Burden
- Peace of Mind



GALVESTON
MEMORIAL PARK

Pre-Planning helps address the rising cost of final arrangements



- Monthly payment options
- Stops Inflation
- Low Interest Rates
- No Credit Check Required

Galveston Memorial Park Cemetery • 7301 Memorial Drive, Hitchcock, Texas 77563• (409) 986-7409 • www.GMPcemetery.com



Child/Grandchild *Protection*

COMPLIMENTARY

Matching arrangements up to $6,000
Coverage for children & grandchildren unmarried & under the age of 21*
Provides peace of mind for your family in these uncertain times
Finalizing your arrangements protects your children & grandchildren for years to come

The greatest gift you can give!

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