



PERSONAL

PLANNING GUIDE

This guide is to be completed by an individual member and accessed only upon serious injury or death. The information provided within, will guide the department in notification and final requests of the member. Once completed, the guide will be signed, dated and sealed by the member and stored.

MEMBER INFORMATION

Full Legal Name:	<input type="text"/>		
S.S. Number:	<input type="text"/>	Badge Number:	<input type="text"/>
Home Address:	<input type="text"/>		
City, State:	<input type="text"/>	Zip Code:	<input type="text"/>

SPOUSE AND SIGNIFICANT OTHERS

In the instance of serious injury or death, these contacts shall be made by the department. Please identify contact information for significant other or main contact in the case that there is not a surviving spouse. Please note former spouse information and if contact is requested.

Marital Status:	<input type="text"/>		
Spouse's Full Legal Name:	<input type="text"/>		
Significant Other's Full Legal Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
City, State:	<input type="text"/>	Zip Code:	<input type="text"/>
Best Phone Number:	<input type="text"/>		
Work Address:	<input type="text"/>		
City, State:	<input type="text"/>	Zip Code:	<input type="text"/>
Work Phone Number:	<input type="text"/>	Preferred Language:	<input type="text"/>
Notes:	<input type="text"/>		

SPOUSE AND SIGNIFICANT OTHERS

Former Spouse?

Yes

No

Former Spouse's Full Legal Name:

Home Address:

City, State:

Zip Code:

Best Phone Number:

Preferred Language:

Notes:

CHILDREN

Provide any pertinent details for children notification.

Child's Name:

Home Address:

City, State:

Zip Code:

Child Resides With:

Birthdate:

Notes:

CHILDREN

Child's Name:

Home
Address:

City, State:

Zip Code:

Child Resides
With:

Birthdate:

Notes:

Child's Name:

Home
Address:

City, State:

Zip Code:

Child Resides
With:

Birthdate:

Notes:

FAMILY

In the instance of serious injury or death, these contacts shall be made by the department. Please identify contact information for relatives you wish to be notified.

Full Legal
Name:

Home
Address:

City, State:

Zip Code:

Best Phone
Number:

Preferred
Language:

Notes:

Full Legal
Name:

Home
Address:

City, State:

Zip Code:

Best Phone
Number:

Preferred
Language:

Notes:

FAMILY

Full Legal
Name:

Home
Address:

City, State:

Zip Code:

Best Phone
Number:

Preferred
Language:

Notes:

NOTIFICATION PREFERENCE

In the instance of serious injury or death, you may wish for someone to accompany the department during family notifications.

Full Legal
Name:

Home
Address:

City, State:

Zip Code:

Best Phone
Number:

Notes:

SERVICE PREFERENCES

Preferences for services and memorials.

Religious Preference:

Place of Worship to be Used:

Clergy Requested:

Cemetery:

	YES	NO
Are you an organ donor or wish to be?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a veteran of the armed services?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Full Military Honors Requested:

Branch:

Do you wish to be buried?	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------

Uniform? Other?

Do you wish to be cremated?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	--------------------------

Final Resting Place for Cremains:

Open Casket?	<input type="checkbox"/>	<input type="checkbox"/>
--------------	--------------------------	--------------------------

Do you wish to have a First Responder Funeral?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Honorguard?	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------

Bagpipes?	<input type="checkbox"/>	<input type="checkbox"/>
-----------	--------------------------	--------------------------

Procession?	<input type="checkbox"/>	<input type="checkbox"/>
-------------	--------------------------	--------------------------

Pallbearers? If yes, please identify below.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

IMPORTANT DOCUMENTS

These documents may be needed for processing benefits for your survivors. Please list locations or contacts if possible.

WILL

Location:

Last updated:

TRUST

Location:

Last updated:

BIRTH CERTIFICATE

Location:

MARRIAGE CERTIFICATE

Location:

DIVORCE AGREEMENT

Location:

MORTGAGE OR LEASE INFORMATION

Location:

ANY DEBT DOCUMENTS

Location:

ADDITIONAL NOTES:

Do you have supplemental insurance outside of the department?

YES

NO

Location:

Contact:

Do you have a safe?

Location:

Combination:

Do you have firearms?

Location:

Should be released to (*Illinois FOID will be required*):

SIGNATURE:

PRINTED NAME:

DATE: