

# NH

## NEW HAVEN

FUNERAL CENTRE INC

FIRST STEPS LEGACY PLANNING



A guide to help you make the right decisions





## THE NEW HAVEN TEAM



**Shelley Challenger, CFSP**  
Vice President, Funeral Director



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Managing Funeral Director



Over the years, we've seen many families struggle with making hasty decisions in the aftermath of losing a loved one. It's hard to think clearly and calmly during that stressful period. Even if the passing is expected, the emotional strain can be difficult.

Leaving clear instructions regarding your legacy and funeral wishes will greatly assist your family when they have so much else on their minds.

When you pre-plan with New Haven, you:

- Make your final wishes and have comfort in knowing they will be honoured.
- Pay today, to cover tomorrow's funeral costs.
- Benefit from affordable monthly payment plans.
- Enhance your coverage with Worldwide Travel Protection.

This guide will help you make those important decisions for both you and your loved ones, relieving them of the emotional stress and the financial burden.

A handwritten signature in black ink, appearing to read 'Minnelle Williams'.

**Minnelle Williams**  
Pre-Planning Funeral Director

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**Don't wait! Start your legacy plan today.**  
This workbook is a fillable form that can be downloaded.

# YOUR LEGACY STARTS WITH PLANNING AHEAD



In the workbook below are the areas that need to be filled out as an important part of your legacy planning process. Please note that this document does not replace a Will, so keep it with the rest of your final documents.

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To those I leave behind,

I've filled out this booklet to help ease your burden at a very hard time, and to assist in settling my affairs after I've gone. Please know that these are my wishes and I thank you for honouring them.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



## FUNERAL DETAILS



The Funeral Home will require details for the planning and organizing of a funeral. The government and other entities will also require specific information, so please complete the following questions to the best of your ability.

Full Legal Name (include Maiden Name): \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Birth (include City/Parish): \_\_\_\_\_

Citizenship(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouses Name: (include Partner's Maiden Name): \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Mother's Name (include Maiden Name): \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Occupation (include Industry): \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

## FUNERAL DETAILS (continued)



Veteran's Service or Regiment Number: \_\_\_\_\_

Place and Date Entered Service: \_\_\_\_\_

Place of Discharge: \_\_\_\_\_

Executor's Name/Contact: \_\_\_\_\_

\_\_\_\_\_

Next of Kin's Name: \_\_\_\_\_

Next of Kin's Contact information: \_\_\_\_\_

\_\_\_\_\_

## SERVICE DETAILS



### Type of Service:

Traditional Service Package: One day of visitation (4 hours)

Same Day or Memorial Service Package: One hour of visitation prior to service

Home-Going Service Package:  Chapel Service  2 hour visitation only

Other: \_\_\_\_\_

Casket at Visitation:  Open  Closed    Casket at Funeral Service:  Open  Closed

Embalming:  Yes  No  Unsure

Glasses:  On  Off

Jewelry: \_\_\_\_\_

Clothing: \_\_\_\_\_

Preferred Photo: (Where will it be saved?) \_\_\_\_\_

\_\_\_\_\_

## SERVICE DETAILS (continued)



### My funeral preferences are:

Location: \_\_\_\_\_

Clergy/Phone: \_\_\_\_\_

Organist/Phone: \_\_\_\_\_

Favorite Songs: \_\_\_\_\_

Favorite Scriptures: \_\_\_\_\_

Musical Selection: \_\_\_\_\_

Clubs/Associations: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I would like:

Burial     Cremation     Home-Going     Entombment

Casket Selection: \_\_\_\_\_

Vault Selection: \_\_\_\_\_

Urn Selection: \_\_\_\_\_

Location of Cemetery/Funeral Home Abroad: \_\_\_\_\_

Cemetery Address: \_\_\_\_\_

Cemetery Phone: \_\_\_\_\_

Cemetery Email: \_\_\_\_\_

Marker Inscription: \_\_\_\_\_

# EULOGY/ TRIBUTES/ PERSONALIZATION



I would like \_\_\_\_\_ to deliver my eulogy.

**Highlights:** Feel free to use this as an inspiration for my eulogy. Alternatively, if you would like to write out the eulogy, you can attach it to this package or mention where it is saved.

Children's names (and spouse's): \_\_\_\_\_

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Grandchildren's names (and spouse's): \_\_\_\_\_

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Siblings names (and spouse's): \_\_\_\_\_

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Associations: \_\_\_\_\_

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Workplace: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

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Special Memories: \_\_\_\_\_

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If I could live my life over again, I would: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Greatest Inspiration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quotes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Favorite Places: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favourite Colour: \_\_\_\_\_

Favourite Flower: \_\_\_\_\_

Pets: \_\_\_\_\_

Items to be Displayed: \_\_\_\_\_

\_\_\_\_\_

Photos for Memorial Tribute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Additional Items or Thoughts: \_\_\_\_\_

\_\_\_\_\_

Remember me when: \_\_\_\_\_

\_\_\_\_\_

Message for my family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## LOCATION FOR DOCUMENTS



This section will help your family locate your documents. This is not a Will, but it will give them a good place to start. Try to be as specific as possible, and don't forget to update the locations as they change.

Will: \_\_\_\_\_

Power of Attorney(s): \_\_\_\_\_

Lawyer: \_\_\_\_\_

Funeral Pre-Plan: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_

Company and Policy Number: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_

Safe Deposit Box: \_\_\_\_\_

Stocks: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Cell Phone/Internet: \_\_\_\_\_

Utilities: \_\_\_\_\_

Property Ownership(s): \_\_\_\_\_

Vehicle Ownership(s): \_\_\_\_\_

Doctor: \_\_\_\_\_

Other info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completing this booklet is the first step in your legacy planning process.**

**If you have any questions or would like additional information on planning ahead contact me.**

**Minnelle Williams**  
Pre-Planning Funeral Director

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Pearson International Airport



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