



Part A--Funeral & Burial Instructions for My Family & Friends

(When possible, complete these forms in consultation with your clergy/minster)

FINAL DIRECTIONS & INSTRUCTIONS UPON THE DEATH OF:

Name:

Address:

Birthdate: Male () Female ()

Birthplace:

Social Security #:

Business Name & Address:

INSTRUCTIONS FOR BURIAL:

PERSON RESPONSIBLE FOR CARRYING OUT ARRANGMENTS UPON MY DEATH AND WHO HAS CONSENTED TO DO SO, IS:

Name:

Address:

Work Phone: Home Phone: Cell Phone:

Email:

Relation to deceased:



I have made arrangements to have certain parts or all of my body donated to:

I wish that the following service(s) take place:

Funeral Service at Funeral Home () Funeral Service at Church ()

Service at Disposition of Cremated Remains or at Casket Burial ()

Memorial Service at later date () Other()

I wish to have a:

Monument() Marker() Other()

and leave the following instructions:

I would like the following person(s) to speak publicly at the service(s)

I would like the following person(s) not to speak publicly at the service(s)

I have written my obituary; it may be found at:

I have not written my obituary, but include the following:



Other requests concerning the music at service:

Instead of flowers, many prefer to make a more lasting memorial. Most churches & charities have a memorial fund & a building fund. If you so desire, please indicate where you would like to have such contributions made:

I prefer TO BE CREMATED (check with your attorney regarding the legal ramifications of this request)

Ashes to be: Buried Columbarium Other

I prefer NOT TO CREMATED

Coffin specifications (circle) Least expensive Mid range Elaborate

I do / do not wish to have my coffin open at the funeral home

Suggested Pall Bearers:

1.

4.



Spouse's Name & Address:

Birthdate/Place:

Living or date of death

Mother's Full Name & Address

Birthdate/Place:

Living or date of death

Father's Full Name & Address:

Birthdate/Place

Living or date of death

Names, addresses, and phone numbers of living brothers, sisters, and children:

1.

2.

3.

4.

5.



Armed Forces: Date of Service

Branch

Serial Number:

Discharge Certificate Located at:

Concerning the financial costs of my arrangements:

I have prepaid to:

Name:

Address & Phone:

I have set up a joint or pay-on-death account at the following institution:

Name:

Address & Phone:

Signature:

Date: