

Final Arrangements of _____

(I **Rated** my preferences (1st 2nd 3rd ...) or **Circled** or **Checked** them) Today's date _____

In a phrase, the basic over-all vision for my ceremony and body disposition (examples: "Traditional but shorter" or "family only graveside" or "simple and cheap" etc): _____

WHO

1. Person responsible for making arrangements: Next of kin **or** Appointed Agent (a copy assigning the person is attached) name, address and phone: _____

(Make sure he/she has a copy of this plan and knows how to get the money to carry it out)

2. Executor for my estate is (name, address, and phone): _____

_____ and knows where I keep my acct #s, deeds, property, safe deposit box key, computer passwords, stocks & bonds certificates, ins. policies, and family jewels. OR I'm not telling _____. OR located _____.

3. Final disposition should be handled by: Mortuary____ My Family____ Appointed Agent____ A Funeral Committee____ Name and phone: _____

4. To find contact info of my family and friends see my: Computer____ Address book____ Day-planner____ Other____ Located: _____ or Ask (name): _____

FIRST THING

5. If possible **donate my organs** or tissues at time of death: Yes____ No ____ (eyes, organs, bone, tissue, any)

(The funeral business should not charge extra for servicing a donor. Family call 1-800-366-6744 if charged)

6. I have a Pacemaker or other implanted device: _____

NEXT DECISIONS AFTER I'M GONE

7. Within 24 hrs a body must be (I prefer): Refrigerated (40 degree room or ice packs)____ Buried____ Embalmed____ Cremated____

(Caution: Mortuaries that don't offer refrigeration facilities may pressure you to embalm.)

8. Embalm me no matter what____ Don't embalm____ Embalm if _____

9. Body Disposition, I prefer: ____ **Whole Body Burial** ____ **Donation to Science or Education** (body must be embalmed. After ashes are returned to family) ____ **Cremation** (I have attached an advance authorization____)

10. **Hold a visitation** (the body is either present in an urn or a closed casket): YES NO

I prefer: Public____ Private____ Two viewings____

Location: home____ chapel____ Mortuary____

10a. **Hold a viewing** if _____

I prefer: Public____ Private____ Two viewings____

Location: home____ chapel____ Mortuary____

11. Dress me in: Clothing I own____ OR new clothing be purchased____

What: _____

I want to wear my glasses: _____ Jewelry: _____

Please donate my medical devices/glasses. List: _____

THE CASKET

12. I prefer: the casket I built (located)_____ buy cheapest____ buy best____ rental____

homemade____ plywood wood____ solid wood____ Steel____ Simple alternative casket (cardboard)____ Shroud carried on a bier____ Other_____ **If lining inside** casket, Color and Type _____

Outside of casket, Color? A pal (cloth covering)? Carvings? Etc? _____

If Military Veteran, flag will cover casket? Yes____ No____

THE SERVICE

13. Religious Affiliation:
14. I prefer: ___Funeral with whole body present ___Funeral with ashes present ___Memorial (A funeral or a social gathering without body present) ___No Service
15. Location: Church__ Mortuary__ Home__ Graveside__ Other:_____
16. Officiate: Congregation leader__ funeral director__ family member__ other__
Name if possible:
17. Invited: **Public or Private.**
18. Desired Pallbearers:

19. Transport casket by: Funeral coach/hearse__ Van__ Truck__ Any__
(Note: Family can transport a covered body themselves with a burial transit permit and death certificate)
20. If I die out of state/country, changes?:_____

21. Specify any preferences for printed programs:_____

22. Assigned Speakers__ Open mike__ Both__ If assigned, names:

22a. Length: __short (under 30min) __medium (30min -60min) __too long (over 1hr) __painful (over 1½)

23. Other instructions for speakers: _____

24. Musical numbers or song(s): _____

Person(s) to perform:_____

Hymn(s):_____

25. Scriptures or readings (such as journal entries or favorite poems):

FINAL RESTING PLACE

26. I prefer final interment be: Cemetery__ Mausoleum/vault__ Scattering__ A loved one's property__
Niche__ Location:
27. Any special Interment ceremonial instructions:_____
28. Grave Marker__ Flat Headstone__ Raised Headstone__ Something Natural__ Special requests:
29. Color Guard? Yes__ No__

MEMORIALS

30. Favorite flowers: _____
I prefer: Cut flowers__ Live plants__ Memorial gifts **in lieu of flowers**__
My favorite charities are: _____

31. **Obituary:** None (a death notice is published automatically and free of charge) **OR** I've written my own obituary (attached). **OR** I'd like (name)_____ to write one for me. I'd like included (mark choices): age, birthplace/date, cause of death, marital status, partner's name, parent's names, occupations, college degrees, places lived, memberships held, military service, outstanding work, immediate survivors and the towns or states they live in, #'s of descendants, time and location of funeral or memorial service, preferred charities for memorial contributions, and also:

