

MY FUNERAL WISHES

John 11:25-26....."Jesus said unto her, I am the resurrection, and the life: he that believeth in me, though he were dead, yet shall he live: and whosoever liveth and believeth in me shall never die."

Some of us may fear death, but how many of us put off thinking about it or planning for it? Will our funeral then be a rushed and confused matter? Taking some time to express our preferences for our funeral is our right and obligation, and a great kindness to others who are too often put into turmoil, as they try to guess what we really want. The following instructions are a courtesy to those who will want to approach your moment of passage with peace and hope. Fill out the sections and send them to the appropriate person for safe keeping.

To assist those responsible for my funeral arrangements, I wish the following:

- 1) At my death, contact this mortuary: _____
- 2) I have () have not () talked to the mortician about:
cremation () selection of casket () or vault () cemetery plot () crypt () donation of my body (), eyes, organs, etc. ()
- 3) I wish the following:
a) morning service with cremation () or burial ()
b) afternoon service with cremation () or burial ()
c) graveside service only ()
d) memorial service only ()
e) other () specifically: _____
- 4) I want the following services to be conducted at:
a) church _____
b) mortuary _____
c) home _____
d) cemetery _____
- 5) I want () do not want () the following religious denomination to conduct the funeral rites:
Name of denomination _____
- 6) These are my preferences during the funeral rites:
a) simple casket: yes () no () open casket: yes () no ()
b) embalming: yes () no () cremation: yes () no ()
c) wake service: yes () no () funeral mass: yes () no ()
- 7) I would prefer a memorial gift instead of flowers: yes () no ()
a) if yes, send memorial to _____

8) I make the following suggestion of material, favorite poem, prayers, music or other items I would like to be used at the funeral service:

9) Other directions:

INSTRUCTIONS TO THE MORTUARY:

Date _____

1) Last name _____ First _____ Middle _____

2) Street _____ City _____ State _____ Zip _____

3) Birthdate _____ City/State of Birth _____

4) Race _____ Citizen of what country _____

5) Single () Married () Widowed () Divorced ()

6) Name of spouse _____ Occupation _____

7) Next of kin other than spouse _____

Relationship _____ Phone _____

Address _____

8) Name & birthplace of father _____

9) Maiden name & birthplace of mother _____

10) Last occupation _____ How long _____

11) Kind of business, work _____

12) Last employing company or firm _____

13) Resided in county of _____ since _____

Resided in state of _____ since _____

14) If veteran: rank & branch of service _____

I want an American flag for my family: yes () no ()

I want a funeral with military honors: yes () no ()

15) Final disposition: cremation () burial () donation ()
I leave this decision to my next of kin: yes () no ()

Interment as follows:

16) Location of burial plot, cemetery, mausoleum, columbarium or other details:

17) This authorizes the release of my remains to:

mortuary _____

witness: (signature) _____

my signature _____

Make copies available to mortician, executor of will, next of kin.

INFORMATION FOR SURVIVORS

Please observe these items: Signature _____

Persons to be notified:

1) Church _____ Phone _____

2) Doctor _____ Phone _____

3) Mortuary _____ Phone _____

4) Executor of will _____ Phone _____

Notify relatives & friends: (note name, address, & phone for each)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

Insurance Policies: Company, policy#, amount, agent:

- 1) _____
- 2) _____
- 3) _____

Veterans record: Identification number _____

VA office to notify _____

Pension benefit from employer: Contact _____

Location of will _____

Location of Safe Deposit boxes _____

Social Security number _____

Attorney _____

Bank accounts: Bank name, address, type of account

- a) _____
- b) _____
- c) _____

Outstanding loans and/or credit obligations:

- a) _____
- b) _____
- c) _____

BIOGRAPHICAL DATA

- a) Birthdate _____ b) Baptismal date _____
- c) Location of biographical papers _____
- d) Date, place of marriage _____
- e) Other data _____

Pursuant to the Uniform Anatomical Gift Act, I hereby give, effective upon my death:

a) Any needed organ or parts _____

b) Parts or organs listed _____

My Signature _____ Date _____

Witnessed by _____ Date _____

Witnessed by _____ Date _____