

**LAST WISHES AND MEMORIAL PLANNING**

By taking the time to complete this form now, you will provide your loved ones with invaluable help in the event of your death. You will save your family much needless stress during a very stressful time.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**FUNERAL HOME DESIRED**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**HAVE FUNERAL ARRANGEMENTS BEEN PRE-ARRANGED?**

YES      NO      WITH WHOM? \_\_\_\_\_

NAME, NUMBER AND LOCATION OF CEMETERY AND PLOT IF ONE IS OWNED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU WISH TO BE CREMATED? GIVE INSTRUCTIONS**

YES NO \_\_\_\_\_

NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

**ARE YOU DONATING YOUR BODY OR ANY ORGANS TO MEDICAL SCIENCE?**

YES NO \_\_\_\_\_

INSTITUTION TO BE NOTIFIED \_\_\_\_\_

**INSTRUCTIONS CONCERNING SELECTION OF CASKET OR VAULT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS CONCERNING FUNERAL SERVICE**  
**OPEN OR CLOSED CASKET, SONGS TO BE SUNG, BURIAL SERVICE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DONATIONS IN YOUR MEMORY SHOULD BE SENT TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND PHONE NUMBER OF CLERGYMAN TO OFFICIATE**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**NAME AND PHONE NUMBERS OF CASKET BEARERS**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

