



CHILDREN, RELATIVES, FRIENDS

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Number of Grandchildren _____ Number of Great-Grandchildren _____

TO BE NOTIFIED This is a list of close friends in the event your family needs help: notifying friends, running errands, or house sitting.

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ Other Phone: _____

IMPORTANT INFORMATION FOR YOUR FAMILY'S USE

Do you have a will or living trust? Yes No Attorney who wrote document: _____

Executor of Estate: _____

Do you have a living will? Yes No Location: _____

Important papers are located at: _____

MEMORIAL INSTRUCTIONS

Funeral Home: _____ Phone: _____

Church Preference: _____ Phone: _____

Officiant: _____ Phone: _____

Disposition Preference: Burial Mausoleum Entombment Cremation

Memorial service to be held at: Funeral Home Church Graveside Other: _____

Visitation/Friends calling: Yes No Casket: Opened Closed

Participating fraternal, military or service organization: _____

Obituary: Yes No Photo Newspaper(s): _____

Pallbearers: _____

Flowers (describe): _____

Favorite religious passages, quotations, poems: _____

Favorite musical selections: _____

Specific requests to be performed at service: _____

Contributions (Name of charity): _____

Flag (If veteran): Folded Draped Given to: _____

Specific clothing (describe): _____

Glasses to be worn: Yes No After viewing, removed and given to: _____

Jewelry to be worn: Yes No After viewing, removed and given to: _____

Specific jewelry (describe:) _____

CEMETERY INSTRUCTION

Cemetery property owned: Yes No Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Location: Section/Garden: _____ Lot: _____ Space: _____ Marker owned: Yes No

Cremation memorialization: Niche Burial Other: _____

Additional instructions: _____

For the purpose of assisting my family in making funeral and burial arrangements in the event of need, the preceding information represents my personal wishes and desires. As of this date, I would prefer that my family spend \$_____ for my funeral and burial arrangements.

Signature: _____ Date: _____

Funeral Planning Professional: _____