

# Funeral Arrangements

Document preferences regarding burial or cremation. The following form can be printed and filled out, or a letter can be drafted that contains this information. Detail where and how services should be conducted. Indicate cemetery preferences and whether a plot has been chosen. Include the location of documents verifying prepayment of funeral expenses. Consider drafting a death notice and obituary, and naming a charity for donations in lieu of flowers. If this information is documented as part of the pre-planning process, distribute copies to your lawyer and executor.

## Mortuary

Name	
Street Address	
City, State, zip	
Phone	
Fax	
Email	

## Cemetery or Memorial Park

Name	
Street Address	
City, State, zip	
Phone	
Plot or Deed	

## Charity or Donations in Lieu of Flowers

Name	
Street Address	
City, State, zip	
Phone	
Fax	

## Type of Funeral Service desired:

<input type="checkbox"/> Traditional	visitation and a funeral service with the deceased in an open or closed casket
<input type="checkbox"/> Memorial	includes one or more services without the presence of the deceased
<input type="checkbox"/> Graveside	includes one service held at the graveside prior to

	interment
<input type="checkbox"/> Traditional Plus Memorial	has both a visitation and a funeral service with the deceased present in an open or closed casket plus one or more memorial services without the deceased's body
<input type="checkbox"/> Immediate	the deceased is buried, cremated or donated to medical science without funeral services

**Method of final disposition desired:**

<input type="checkbox"/> Whole body burial or entombment
<input type="checkbox"/> Cremation - Burial or entombment at cemetery
<input type="checkbox"/> Cremation - Scattering at cemetery
<input type="checkbox"/> Cremation - Deliver to survivors
<input type="checkbox"/> Cremation - Other _____
<input type="checkbox"/> Donation to medical science (Instructions below)
<input type="checkbox"/> Other : (Specify below e.g. burial at sea)

**Recipient Organization (Medical Science)**

Name of Organization	
Contact Person	
Street Address	
City, State, zip	
Phone	
Email	

**Clergy:**

Name of Church Affiliated	
Contact name	
Street Address	
City, State, zip	
Phone	
Email	

**Decisions to be made with a Funeral Director :**

Number of Visitations?	Public and/or Private
Wake or Vigil?	Public and/or Private
Religious or Non-Religious Service	
Fellowship after Funeral?	Luncheon or no luncheon
Armed Forces Veteran?	If so, there are benefits (e.g. flag, grave marker, etc.)

Flowers?	Or donations in lieu of flowers
Readings during the service	Scripture, poems, other readings
Music or no music	Soloist? Instrumental? Hymns, Popular, or both?
Clothing of deceased	
Jewelry	
Mementos/Pictures to display	
Eyeglasses?	On/Off
Items to remove or keep	With burial
Service Program or cards?	
Pallbearers	Casket (Honorary opt.)
Limos for family?	