Last Wishes for Procedures at Time of Death

Directions: Use this form to provide instructions to family or friends as to what do at the time of your death. Fill out and sign the form. Give a copy to a family member or close friend or let them know where it is. If you are a veteran and wish to have a flag over your casket, keep a copy of your discharge papers in a place where they can be found easily.

Note: The following is not legally binding. Hopefully your next of kin will find these instructions useful in planning services.

FUNERAL ARRANGEMENTS

Name of Clergy:  
Phone Number:  
Name of Funeral Home:  
Phone Number:  
Address:  
Location of Pre-payment Receipts or Deeds:  
Name of Cemetery:  
Phone Number:  
Address:  
Plot Number:  
Family Burial Plot Block:  
Section:  
Lot:  
Preferred type of religious service:  
Memorial Service (without body)  
Graveside Committal Service  
Public  
Funeral Service  
No Service  
Private

Location of Service:  
I request that a member of the clergy of my church or synagogue be asked to conduct the service.  
Yes  
No

Notify the following lodge or military organizations to arrange for my special services:  

I would like a flag for my casket (veterans only).  
Yes  
No

Location of papers:  

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I prefer that, in lieu of flowers, donations be sent to the following memorial fund or charitable organization: ______________________________________________________________________

At the service, I prefer there be:

☐ Flowers used at the discretion of my family
☐ No limitations or restrictions as to flowers  ☐ No flowers

At the service, I prefer there be:

☐ Open casket during visiting hours
☐ Closed casket during visiting hours
☐ Open casket during funeral service
☐ Closed casket during funeral service

Casket Price Range:

☐ Low  ☐ Medium  ☐ High

Visiting hours?

☐ Yes  ☐ No

Favorite readings, scriptures, hymns or music to be used in the service:

________________________________________________________________________

Other wishes:

________________________________________________________________________

I give my permission for an autopsy if there is reason.

☐ Yes  ☐ No

I do not want an autopsy performed.

☐ Yes  ☐ No

If possible, I would like the following organs to be donated for another person’s use:

________________________________________________________________________

Where a copy of my organ donation preferences can be found:

Preferred Disposition of Body:

☐ Buried in cemetery  ☐ Placed in crypt in mausoleum
☐ Cremated and my ashes buried, scattered or placed in a niche
☐ Donated to medical school
☐ Not embalmed except as specifically required by law
☐ Disposed of as follows: _________________________________

Location: ______________________________________

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INFORMATION NEEDED FOR DEATH CERTIFICATE OR NEWSPAPER NOTICES

Full Name: ___________________________ Social Security Number: ___________________________
Full Address: ___________________________ Last Occupation: ___________________________
Last Employment: ___________________________
Military Service Dates: ___________________________
Serial (service) No. ___________ Branch: _________ Country Served: ___________________________
Date of Birth: ___________________________ Place of Birth: ___________________________
Marital Status: ___________________________ Name of Spouse: ___________________________
Occupation of Spouse: ___________________________
Father's Name: ___________________________ Place of Birth: ___________________________
Mother’s Name: ___________________________ Place of Birth: ___________________________
Siblings: ___________________________
Children: ___________________________
Grandchildren: ___________________________
Great Grandchildren: ___________________________
Nieces or Nephews: ___________________________
Memberships (religious, charitable, lodges): ___________________________

RELATIVES AND/OR FRIENDS TO BE NOTIFIED

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LOCATION OF IMPORTANT DOCUMENTS

Location of Will: _______________________________________________________
Location of 2nd and 3rd copies: __________________________________________
Location of Codicil: _____________________________________________________
Name of Executor: ___________________________________ Phone: ____________
Location of Insurance Policy: ____________________________________________
Location of Financial Records: ____________________________________________
Location of Veteran’s Papers: ____________________________________________
Safety Deposit Box Information: __________________________________________

Financial Advisor Name: __________________ Phone Number: __________________
Address: ____________________________
Family Attorney’s Name: __________________ Phone Number: __________________
Address: ____________________________

The following individuals have copies of this document: _______________________

Signature: ___________________________ Date: _____________________________