

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.

Name: _____ Date: _____

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:

<input type="checkbox"/> Memorial Service (without body)	<input type="checkbox"/> Funeral Service
<input type="checkbox"/> Graveside Committal Service	<input type="checkbox"/> No Service
<input type="checkbox"/> Public	<input type="checkbox"/> 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: _____

Full Address: _____ Social Security Number: _____

Last Occupation: _____ Last Employer: _____

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

Name	Address	Phone	Relationship

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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: _____