



# Final Arrangements

This section is for your final wishes and arrangements. Your final arrangement plan alleviates stress and eliminates difficult decisions your loved ones would have had to make. By making those decisions for them, your final act will be one that shows how much you care. And beyond that, your final wish plan also guarantees your life will be honored the way you envision.

I hereby request the following be done at the time of my death.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Remains

Specify if an organ donor \_\_\_\_\_

Any other arrangements such as bequest (or gift) of body to a medical school.

Legal documents for these wishes are located at:

**Burial**  or **Cremation**

(Standard cremation involves a viewing with service, direct cremation has no viewing but may include service.)

## Funeral/Memorial Service

**Service to be held at:** (funeral home, place of worship, graveside or other):

Address \_\_\_\_\_ Location \_\_\_\_\_

**Religious preference:** \_\_\_\_\_

## Person conducting service:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Type of casket (wood, metal, cremation coffin, other):



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**Clothing preference:** (description, colors, from current wardrobe, new, etc.)

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**If clothing already selected, list location and any other instructions:**

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**Personal accessories:** (wedding band, eyeglasses, watch, other. Indicate if stays on or not and if not, who to return to)

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**Organization membership:** (military veterans, Masons, etc. for organizational service)

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Contact person:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Wake:** (indicate preference of one day, two days, not at all or other)

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**Casket:**     Open     Closed

**Service:** (Indicate if public, private or other)

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## Pallbearers:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Speakers:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## Presenting Prayers:

Name \_\_\_\_\_ Prayer \_\_\_\_\_

Name \_\_\_\_\_ Prayer \_\_\_\_\_

Name \_\_\_\_\_ Prayer \_\_\_\_\_

## Musical performers and selections:

Name \_\_\_\_\_ Selection \_\_\_\_\_

Name \_\_\_\_\_ Selection \_\_\_\_\_

## Favorite scriptures, poems, etc.:

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## Ethnic customs to observe:

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## Flowers: (Indicate if flowers wanted, preference of flowers!)

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## Burial preferences

Burial property owned?    Yes     No

Funeral/burial plan purchased?    Yes     No

If yes, list location of the deed, title or plan:

\_\_\_\_\_

### Name of cemetery, mausoleum or garden:

Section \_\_\_\_\_                      Tier \_\_\_\_\_

Lot \_\_\_\_\_                              Space(s) \_\_\_\_\_

### Property title or plan information and name it is in:

\_\_\_\_\_

\_\_\_\_\_

### Who should be contacted about my death (neighbors, friends, relatives, etc.)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

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Name \_\_\_\_\_ Phone number \_\_\_\_\_



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## Obituary preferences

Obituary to be published    Yes     No

Photo to be published with obituary    Yes     No

If yes, indicate photo preference and where to locate:

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### Submit obituary to the following publication(s):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

**I wish my obituary to include:** (Traditionally obituaries include full name, birth date and birthplace, age at death, whom married to - where and when, education, career, contributions to community, interests, hobbies, survivors, place and time of services, donations or memorials.)

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