

Name: _____

Date of Birth: _____

Section 1 : Burial/Cremation Preference

I Prefer:

Burial Cremation

If I prefer cremation, my preference for the timing of the cremation is:

Before a Visitation / Funeral Service After a Visitation / Funeral Service

If my preference is cremation before a visitation / funeral service, my preference regarding my cremated remains is:

Present at Service Not Present at Service

If my body is to be present at a visitation / funeral service, regardless of whether my preference is burial or cremation, my preference regarding casket is:

Open During Service Closed During Service

Section 2 : Funeral Service

The following is an expression of my funeral service decisions.

Funeral Home / Mortuary Preferred: _____

Address: _____

Phone Number: _____

Place of Service:

Funeral Home / Mortuary Church: _____

Chapel at Cemetery / Memorial Park Other: _____

Graveside

Religions Preference: _____

Preferred Celebrant / Clergyman: _____

Participating Organizations (*military, fraternal, lodge, etc.*): _____

Type of Casket:

Wood Metal

Cremation Coffin Other: _____

Flag:

Folded

Draped

No Flag

Presented to: _____

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

Personal Accessories:

Wedding Band Stays On or Return to: _____

Eyeglasses Stay On or Return to: _____

Watch Stays On or Return to: _____

Other: _____ Stays On or Return to: _____

Other: _____ Stays On or Return to: _____

Floral Preferences (*type, color or arrangement preferred*): _____

Wake / Visitation:

Yes No

Public Private

Location: _____

Musical Selections: _____

Preferred Musicians:

Organist: _____

Soloist: _____

Pianist: _____

Bugler: _____

Religious, Spiritual or Other Readings (*indicate passages, titles, authors as appropriate*):

Eulogy Delivered By: _____

Notations for Eulogy: _____

Newspaper Notices (*indicate names, cities of papers*): _____

Pallbearers:

Yes No

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Honorary Pallbearers:

Yes No

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Memorial Donations:

Yes No

Donations to: _____

Section 3: Cemetery Service

Cemetery / Memorial Park Preferred: _____

Address: _____

Phone Number: _____

Interment / Inurnment Information:

Burial Options:

Ground Burial

Mausoleum

Above-Ground Crypt

Cremation Options:

Cremation Garden

Cremation Niche

Mausoleum

Ground Burial

Scattering Location: _____

Cemetery Property Already Purchased

Cemetery Property Not Purchased

Details, if any: _____

Is a Family Lot

Is Not a Family Lot

Family Name, if applicable: _____

There is someone I would like to be buried near or next to in a companion lot.

Who: _____

I prefer to be buried in a single lot.

Cremation Urns:

Urn

Keepsake Urn

Scattering Urn

Description: _____

Memorialization / Headstone:

Upright Monument

Flat Marker

Cremation Memorial Plaque

Other: _____

Inscription (*indicate desired text, emblems, etc.*): _____

Additional Instructions: _____
