

### 1. FUNERAL PLANS

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() To HAVE a visi	tation/funeral	Service
() Public		

() Public

Visitation/Funeral Service

() Private

Location:

- () Funeral Home/Mortuary
- () Church
- () Chapel at Cemetery/Memorial Park
- () Graveside
- () Other

Preferred Funeral Home / Mortuary:

Address:

Phone Number:

Religious Preference:

Preferred Celebrant/Clergyman:

Participating Organizations: (Military, Lodge / Social Group, etc.)

() To NOT HAVE a visitation/funeral Service

#### Burial

- () Burial
  - () My body SHOULD NOT be present at a visitation/funeral service
  - () My Body SHOULD be present at a visitation/funeral service
    - () Open Casket During Service
    - () Closed Casket During Service

#### **Final Wishes**

#### Planning Guide



() Cremation () Before Visitation/Funeral Service () My cremated remains PRESENT at Service () My cremated remains NOT PRESENT at Service () After Visitation Funeral Service () My body SHOULD NOT be present at a visitation/funeral service () My Body SHOULD be present at a visitation/funeral service () Open Casket During Service () Closed Casket During Service					
() Urn	() Keepsake U	Urn () Scattering Urn () Other			
() Other					
Casket Type					
() Wood	() Metal	() Cremation Casket () Other			
Flag					
_	Draped () No	Flag Presented to:			
Personal Accesso	ani ag				
() Wedding Band		() Presented to:			
() Eyeglasses	() Stays On	() Presented to:			
() Watch	() Stays On	() Presented to:			
	() Stays On	() Presented to:			
()	() Stays On	() Presented to:			
	() Stays Off	() I resented to.			
Memorialization					
Memorialization () Upright Monu	ment				
	ment				
() Upright Monu					
() Upright Monu () Flat Marker	morial Plaque				
() Upright Monu () Flat Marker () Cremation Me	morial Plaque				

#### **Final Wishes**

#### Planning Guide



Desired Funeral Music	
Desired Pall Bearers	
Desired Obituary	
Desired Readings and Readers	
Specific people to notify (with phone number if available)	
Any other instructions you would like to pass on to others?	

Full name:

Served where:



## 2. DEATH CERTIFICATE INFORMATION

Maiden Name:
Date of Birth
Place of Birth
Sex:
Race:
Full name of father:
Birthplace of father:
Full Maiden Name of Mother:
Birthplace of Mother
Social Security Number:
Marital Status
Spouse Name:
Occupation:
Employer:
Type of Business
Years at Occupation:
Education (Years Completed)
Residence Street Address:
Residence City, State, Zip
County:
Years in County:
Military service (From – To)
Branch of Service:

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# 3. ADDITIONAL THINGS FOR FAMILY MEMBERS TO DO AT THE TIME

Notify immediate family and close friends

Notify Priest/pastor/rabi/imam/religious leader/officiant

Coordinate with funeral director

Transfer from place of death\*

Apply for death certificate\*

Apply for burial permit\*

Notify employer

Notify Lawyer and Executor

Notify Insurance companies

Request military funeral

Arrange fraternal order ceremony

**Notify Pall Bearers** 

Notify eulogizers

Arrange readers

Coordinate hospitality, lodging, food for family and friends traveling.

Order grave marker

<sup>\*</sup> May be handled by funeral home or cremation provider.