

My Final Arrangements

NAME: _____

1. I have made funeral arrangements with _____
the contact person is _____
phone # is _____

2. I do not have funeral arrangements, but wish to be:
 buried cremated other (such as donate body to science).
If other is selected, who is the contact person and phone #

3. I have filled out the following:
 Living Will Medical Power of Attorney
 Health Care Surrogate 5 Wishes
Location of these documents: _____

*We recommend you keep a copy on your refrigerator and one with a family member or medical surrogate.
Copies can also be kept at the church if needed.*

My Memorial Service Wishes

I do or do not wish to have a service.

I want the service at the church at the funeral home or no preference, either is acceptable

I am eligible for and desire military honors. Branch of service: _____

I desire _____ as an overall theme for the service.

Organizations or individuals I wish to be involved/speak at the service: _____

My favorite scriptures: _____

My favorite hymns/songs: _____

Favorite poems or readings: _____

I have written my obituary or compiled information that will help as family writes this.
(Attach this information to this form.)

In lieu of flowers, I would like donation(s) be made to the following organization(s): _____

Please provide the church with a copy of this form; thank you.