

PRE-FUNERAL PLANNING WORKSHEETS

FUNERAL/MEMORIAL SERVICE INFORMATION

FUNERAL HOME

If available, my 1st choice of funeral home is:

If available, my 2nd choice of funeral home is:

If available, my 3rd choice of funeral home is:

TYPE OF SERVICE

Check the box for the type of service desired.

- CREMATION: Calling for my non-embalmed body to be transported in the least expensive container to a crematory within a 25 miles from the funeral home.
- CREMATION OTHER: _____

- IMMEDIATE BURIAL: Calling for my non-embalmed body to be transported in the least expensive container to a cemetery within a 25 miles from the funeral home and buried without a liner.

- OTHER ARRANGEMENTS: _____

CLOTHING

I want to be buried in my: (Name color(s):

_____ colored: (Name type of clothing.)

_____ along with (If necessary.) my (Name

color(s): _____ colored:

(Name type of clothing.) _____ along with (If necessary.) my

(Name color(s): _____ colored:

(Name type of clothing.) _____.

I want the following people to discuss what clothes I am buried in: (List names.)

but I want _____ to make the final decision.

I give _____ full authority to decide what clothes I am buried in.

FINAL DISPOSITION

If cremation is chosen:

I wish _____ to claim the ashes
(Name of person to receive your remains.)

I wish the Funeral Director of

_____ funeral home to arrange for disposition of the ashes.

If immediate burial is chosen:

I have selected _____ as the location where I want my body to be buried.

I want the following people to discuss where they would like to have my body buried:

but I want _____ to make the final decision.

I give _____ full authority to decide where my body is to be buried.

Memorial Service

My wishes regarding a memorial service are as follows:

- I do not want a memorial service.
- I want a memorial service to be held at: (Indicate church, funeral chapel, private home, or other.)

I want the following people to discuss where my memorial service will be held:

but I want _____ to make the final decision.

I give _____ full authority to decide where my memorial service will be held.

EULOGIST, MINISTER, OTHER SPEAKERS

I request that: (Name clergyman or name of other person to conduct my memorial service.)

I want: (Name scripture(s) to be read during my service):

If possible, in addition to the person listed on the prior page, I request that: (Name clergyman or name of other person(s) to speak at my memorial service.)

FLOWERS

The flowers I'd like to have at my memorial service are:

In lieu of flowers, please advise people to make a donation to:

PHOTO OR PORTRAIT TO BE DISPLAYED

I would like to the photo of me wearing the: (colored)

type of clothing: (dress, suit, blouse and skirt, etc.) displayed at my service. The photo I am referring to is:

hanging in the: (name location) _____
in my house.

in my: (name color) _____ photo album located: (name location) _____ in my house.

MUSIC SELECTION

If possible, I'd like to have: (Name person(s) you want to play a musical instrument at your memorial service.)

If available, my 1st choice of musician

is: _____

To play the: (Musical instrument) _____

to play solo at my service.

to play along with (name of accompanying musician):

to play (name of songs) (1) _____

(2) _____ (3) _____

If my 1st choice is not available, my 2nd choice of musician

is: _____

To play the: (Musical instrument) _____

to play solo at my service.

to play along with (name of accompanying musician):

to play (name of songs) (1) _____

(2) _____ (3) _____

If my 1st and 2nd choice musicians are not available, my 3rd choice of musician is: _____

To play the: (Musical instrument) _____

to play solo at my service.

to play along with (name of accompanying musician):

to play (name of songs) (1) _____

(2) _____ (3) _____

PALLBEARERS

If applicable, I request that: (Name of people to be pallbearers at my burial.)

PERSONAL DATA HELPFUL FOR EULOGY

(Use the following information along with info from the Membership Application as needed.)

Father's

Name: _____
(Last) *(First)* *(Middle Initial)*

Father's Home Town: _____ State: _____

Sibling 1's

Name: _____
(Last) *(First)*

Sibling 2's

Name: _____
(Last) *(First)*

Sibling 3's

Name: _____
(Last) *(First)*

Sibling 4's

Name: _____
(Last) *(First)*

Child 1's

Name: _____
(Last) *(First)*

Child 2's

Name: _____
(Last) *(First)*

Child 3's

Name: _____
(Last) *(First)*

Child 4's

Name: _____
(Last) *(First)*

Grandchild 1's

Name: _____
(Last) *(First)*

Spouse/Domestic Partner's
Occupation: _____ No. of years: _____

Spouse/Domestic Partner's
Employer: _____ Year Started: _____

Church/Place or Worship: _____ Year Started: _____

Date or Year Baptized (if applicable): _____

Favorite Verse(s): _____

Favorite Hymn(s) or Song(s): _____

Favorite Charities: _____

Club, Organization Membership: _____

Musical Instruments Played: _____

Favorite Sports or Activities: _____

Favorite Sport Teams: _____

Favorite Movie(s): _____

Favorite TV Shows: _____

Favorite Actor/Actress: _____

Favorite Type of Music: _____

Favorite Type of Song(s): _____

Favorite Singer(s): _____

Favorite Books: _____

Favorite Author: _____

Favorite Car(s): _____

Favorite Place to Visit: _____

Place(s) You Always Wanted to Visit: _____

Why?: _____

#1 Bucket List Item:

(Bucket List Item: Something you want to do before you die. Going somewhere, meeting someone, doing something, etc.)

Why?: _____

#2 Bucket List Item:

Why?: _____

#3 Bucket List Item:

Why?: _____
