

# My Final Wishes

## MEMORIAL SERVICE PLANNING FORM

This section is important for the funeral director and is necessary to fill out the death certificate. A death certificate is required for Social Security, insurance benefits and other legal matters. You should place a copy of "My Final Wishes" on file at the funeral home. You also should update "My Final Wishes" every couple of years and be as flexible as possible in filling out some of the requests – give your children or loved ones some discretionary power.

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Country \_\_\_\_\_

Education: 1-12 \_\_\_\_\_ College 1-4 or 5+ \_\_\_\_\_

Name/Location of Schools Attended \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Name/Address of Employer \_\_\_\_\_

Military Service:  Yes  No Branch \_\_\_\_\_

*[A copy of discharge papers (DD214s) is necessary to receive benefits]*

Serial Number \_\_\_\_\_ Dates of Service \_\_\_\_\_

Length of Residence in State \_\_\_\_\_ In U.S.A. \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Executor of My Will/Estate \_\_\_\_\_

**FAMILY MEMBERS TO BE NOTIFIED**

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name & spouse/significant other \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**FRIENDS AND ASSOCIATES TO BE NOTIFIED**

Name _____	Name _____
Relationship _____	Relationship _____
Phone ( ) _____	Phone ( ) _____
Name _____	Name _____
Relationship _____	Relationship _____
Phone ( ) _____	Phone ( ) _____
Name _____	Name _____
Relationship _____	Relationship _____
Phone ( ) _____	Phone ( ) _____
Name _____	Name _____
Relationship _____	Relationship _____
Phone ( ) _____	Phone ( ) _____

**MY CHURCH**

Church \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_  
 Pastor[s] \_\_\_\_\_

Is the church able to hold the funeral in the sanctuary?  Yes  No

**PALLBEARERS TO BE CONTACTED**

Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

**MY FUNERAL PREFERENCES**

Funeral Home/Crematorium Preferred \_\_\_\_\_

Funeral Director \_\_\_\_\_

Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Wake or Prayer Service:  Yes  No Details \_\_\_\_\_

Location \_\_\_\_\_ Officiator \_\_\_\_\_

Location of funeral service \_\_\_\_\_

To be officiated by \_\_\_\_\_

What type of funeral? \_\_\_\_\_

Participating Organizations (military/fraternal/etc.) \_\_\_\_\_

Veterans Flag:  Draped on casket  Folded Presented to \_\_\_\_\_

Clothing Preference:  From current wardrobe  New  Other \_\_\_\_\_

Description/Color \_\_\_\_\_

Personal Accessories \_\_\_\_\_

Wedding Band  Stays On  or Return To: \_\_\_\_\_

Eyeglasses  Stays On  or Return To: \_\_\_\_\_

Other \_\_\_\_\_  Stays On  or Return To: \_\_\_\_\_

Music: Organist \_\_\_\_\_ Soloist(s) \_\_\_\_\_

Musical Selections \_\_\_\_\_

Flowers *(colors and type)* \_\_\_\_\_

Readings/religious passages \_\_\_\_\_

Memorial donations may be made to \_\_\_\_\_

Eulogy by \_\_\_\_\_

Notations for Eulogy \_\_\_\_\_

Recognition of life achievements/awards \_\_\_\_\_

Pictures or photo album \_\_\_\_\_

Memorial card:  Yes  No Instructions \_\_\_\_\_

Other Funeral Preferences *(other props, order of memorial service, etc.)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BURIAL**

Casket:  Open  Closed **-OR-** Cremation remains present?  Yes  No

Type of Casket:  Hardwood  Metal  Cremation Coffin

Other (description) \_\_\_\_\_

Type of Burial Vault \_\_\_\_\_

Name, address and phone of cemetery \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_

Property or crypt purchased?  Yes  No

Location \_\_\_\_\_

Number of Spaces \_\_\_\_\_ Which Space? \_\_\_\_\_

Type of burial:  Earth burial  Crypt  Mausoleum  Other \_\_\_\_\_

Owner who interment rights are deeded to \_\_\_\_\_

Location of deed \_\_\_\_\_

Legal description of burial rights \_\_\_\_\_

Memorialization:  Upright monument  Memorial plaque ( bronze  granite)

Other \_\_\_\_\_

Inscription to read \_\_\_\_\_

Family present during closing of property?  Yes  No

Opening and closing of property:  Prepaid  To be determined

Special instructions/items to be place with remains/etc. \_\_\_\_\_

If no burial plot is arranged, where is burial preferred? \_\_\_\_\_  
\_\_\_\_\_

**CREMATION**

Name, address and phone number of funeral home/cremation society \_\_\_\_\_

Urn:  Bronze  Wooden  Marble  Other \_\_\_\_\_

Disposition of cremated remains \_\_\_\_\_

Cremation memorialization plaque inscription if applicable \_\_\_\_\_

Additional remarks/special instructions/etc. \_\_\_\_\_

**LOCATION OF THE FOLLOWING:**

- 1. Birth Certificate: \_\_\_\_\_
- 2. Marriage License: \_\_\_\_\_
- 3. Military Discharge Papers: \_\_\_\_\_
- 4. Will or Living Trust: \_\_\_\_\_
- 5. Tax Returns: \_\_\_\_\_
- 6. Titles to Vehicles: \_\_\_\_\_
- 7. Advance Directives: \_\_\_\_\_
- 8. Deeds to Property: \_\_\_\_\_
- 9. Insurance Policies: \_\_\_\_\_
- 10. House and Car Keys: \_\_\_\_\_
- 11. Wallet, Check Book and Credit Cards: \_\_\_\_\_
- 12. Stock Broker/Investment Firm: \_\_\_\_\_
- 13. Pre-written Obituary \_\_\_\_\_
- 14. Donor Card: \_\_\_\_\_
- 15. Recent photo: \_\_\_\_\_