
Funeral home desired (name, address, phone):

Have funeral arrangements been prearranged

Yes No With whom?

Name, number, and location of cemetery plot (if one is owned):

Do you wish to be cremated?

Yes No

Notify: _____ Phone: _____

Are you donating your body or any organs to medical science? Yes No

Institution to be notified:

Instructions concerning the funeral service (open/closed casket, songs, type of burial):

Donations in your memory should be sent to what organizations?

Clergy to officiate:

Name: _____ Phone: _____

Casket bearers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____
