

*My
Wishes*



Pre-arranged Services

It is my wish that _____ Funeral Home be called to take charge of my funeral services.

My casket selection would be: (as near as possible)

VAULT: _____

These wishes are to be followed as near as possible within the limits of the funds I have available at the time of my demise. The right of substitution may be made if necessary so that all inclusive expenses will be covered by available funds for the entire amount. I have set aside and/or made available funds for this purpose to be paid from sources indicated below:

Relatives, friends or other legal agencies are requested to respect my desires as far as legally and financially possible. A copy of this agreement has been intrusted to _____ Funeral Home, who have agreed to comply with my desires.

Dated at _____, _____

this _____ day of _____, 20_____

Signature

Witness: _____

Witness: _____

Sworn and subscribed before me:

Notary Public

My commission expires _____

Service Details

Church Preference _____

Clergyman _____

Service to be held at Funeral Home _____ Church _____

I prefer Interment _____ Entombment _____ Cremation _____

My choice of cemetery is _____

Lot is to be purchased _____

Lot is owned in the name of _____

Section _____ Lot _____ Block _____

Location of Deed _____

If Interment is to be elsewhere complete shipping instructions:

Ship to _____

City _____ State _____

Receiving Funeral Director _____

Pallbearers: Selected by family _____ By Funeral Home _____

Honorary Pallbearers: No _____ Yes _____

I would like a lodge service by _____

Preference of flowers: Type _____

Disposal of flowers _____

Obituary: No _____ Yes _____ Flag: _____

Music: _____

Songs to be sung _____

Special Instructions

Vital Statistics and Historical Record

Name _____

Birthdate _____ Age _____

Birth place _____

Social Security No. _____

Job Title _____

Employed by (or Retired From) _____

Single _____ Married _____ Widowed _____ Divorced _____

Spouse of _____

Maiden Name

In city since _____ State since _____ County since _____

Name of father _____

Address _____

Phone _____

Birth-place _____

Maiden name of mother _____

Address _____

Phone _____

Birth-place _____

If a Veteran, complete this

Name of war _____ Service Number _____

Branch of Service _____ Claim Number _____

Place Enlisted _____ Date _____

Place Discharged _____ Date _____

Rank/Rate at time of Discharge _____

Children

Address

Birthdate

Special Notes of Interest

Insurance Information

	Company	Policy Number
Life Insurance	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Hospital & Medical Ins.	_____	_____
	_____	_____
	_____	_____
Automobile Insurance	_____	_____
	_____	_____
	_____	_____
Disability Insurance	_____	_____
	_____	_____
	_____	_____
Others (Unions or Lodges)	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Further Instructions

Glasses _____ Disposition _____

Jewelry _____

Clothing _____

Other _____

Organizations _____
