

Putting My House in Order

Here is a form that will provide needed information for those responsible to plan and handle the service(s) (funeral, memorial, graveside, disposition of ashes) after your death in the manner appropriate to your wishes. Funeral Director Family Pastor Lock box ()

Name: _____ Phone _____

Address: _____

Social Security Number _____ VA Claim Number _____

My remains are to be: _____ If cremated, my ashes are to be: _____
(buried, cremated, entombed) (buried, scattered, or _____)

Arrangements have been/should be made with: _____

Address: _____ Phone: _____

Service at _____ Burial at _____

Services desired: _____ Funeral service (soon after death with body or ashes present followed by graveside service)
_____ Memorial service (soon or later without body or ashes present)
_____ Graveside service only
_____ Graveside service for family only followed by memorial service

I _____ want newspaper notices published for _____ with photo _____
(do/do not) (number of days) (yes/no)

in _____
(names of newspapers and cities)

I prefer _____ flowers be sent.
(yes/no)

In lieu of flowers, send memorial gifts to: _____

I _____ wish to donate my body for: _____ transplant to give life to others
(do/do not) _____ a medical school for teaching & research

Institution/hospital to receive my body: _____

Name of executor or designated person to provide this information and approve plans:

_____ Phone _____

(Signature of person)

(Relationship)

(Address)

(Phone)

Location of will: _____

Location of important papers: _____

Your Doctor _____
(Name) (Address) (Phone)

Military Service _____
(Branch) (Rank) (Serial Number)

(Place/Date of Entry) (Place/Date of Discharge)

High School _____
(Name of School) (City/Town) (Years)

College or University Years _____
(Year) (Name of School) (Location) (Degree Earned)

Places Lived (City/Town) _____ (Date) _____

Resident in Current Location (Number of Years) _____

Professional/Social Memberships

Positions Held/Honors _____

Hobbies/Special Interests _____

Favorite Scripture Passages (for use in funeral, graveside, memorial service(s)):

Favorite Hymns (for use in funeral, memorial service)

_____ To be Played _____ or Sung
_____ To be Played _____ or Sung
_____ To be Played _____ or Sung
_____ To be Played _____ or Sung
_____ To be Played _____ or Sung
_____ To be Played _____ or Sung

Favorite Organ or other Instrumental Music: _____

Person(s) to conduct my services:
My current Pastor (most appropriate person) _____

Other _____
(Name) (Address) (Phone)

For the Service, I want the following persons to be invited to speak/share remembrances:
(Name) (Relationship) (Phone)

Pallbearers: (Name) (Phone)

Other Information I want known:

