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Funeral home desired (name, address, phone):

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Have funeral arrangements been prearranged

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Yes      No      With whom?

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

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Do you wish to be cremated?

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Yes      No

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Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Institution to be notified:

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

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Donations in your memory should be sent to what organizations?

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Clergy to officiate:

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Casket bearers:

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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