

Funeral and Burial Instructions

H.E.L.P.

Healthcare and Elder Law Programs

Funeral and Burial Instructions of _____

To Whom It May Concern:

I have completed this document to provide instructions concerning my funeral and burial arrangements and/or requests. I have checked the instructions that apply and have marked those that do not apply with "N/A" or left them blank.

I have made funeral and/or burial arrangements with:

Name: _____

Location of my signed agreement: _____

I have not made funeral and/or burial arrangements

I wish to have a funeral, and for the funeral request that:

The following person(s) make arrangements:

Name: _____

Address: _____ Telephone: _____

The funeral will be held at: _____

Address: _____ Telephone: _____

The following religious observances will be conducted: _____

My remains shall be embalmed

There be an open casket

There be a closed casket

A viewing or wake will be held at: _____

The casket should be placed at: _____

The type of casket will be: _____

My burial clothing will be: _____

The following jewelry should be handled as follows: _____

Flowers for my funeral will be: _____

The pallbearers will be: _____

I wish to have a burial, and for the burial request that:

The following person(s) make arrangements:

Name: _____

Address: _____ Telephone: _____

The following religious observances will be conducted: _____

I will be buried at:

Cemetery: _____

Address: _____

Telephone: _____

Flowers for my burial will be: _____

I wish to be cremated, and for the cremation I request that:

The following person(s) make arrangements:

Name: _____

Address: _____ Telephone: _____

My cremated remains be:

Placed in a columbarium or mausoleum:

Name: _____

Address: _____ Telephone: _____

Buried in a cemetery plot:

Name: _____

Address: _____ Telephone: _____

Retained at the home of: _____

Stored in a house of worship or religious shrine, if local zoning laws allow

My ashes are scattered, in accordance with local laws

The religious observances to be conducted will include: _____

I wish to have a:

Memorial, **Monument**, **Marker**, ***and leave the following instructions:***

I wish that the following service(s) take place: **Funeral Service**, **Service at Casket Burial**, **Memorial Service**, **Service at Disposition of Cremated Remains**, ***and request that:***

The following person(s) make service arrangements:

Name: _____

Address: _____ Telephone: _____

Service(s) will be conducted by:

Name: _____

Address: _____ Telephone: _____

Flowers for my service(s) will be: _____

Instead of flowers, people donate to the following charities or causes: _____

The following music be included in the service(s): _____

The following reading(s) or scripture(s) be included in the service(s): _____

The following person(s) speak publicly at the service(s): _____

The following person(s) not speak publicly at the service(s): _____

To be honored as a veteran by including: _____

To be honored as a member of _____ by including: _____

Transportation arrangements to the services will be: _____

The content, style, length and timing of my service(s) will also include _____

I would like the following persons to be notified as soon as possible after I pass away:

Name: _____

Address: _____ Telephone: _____

Name: _____

Address: _____ Telephone: _____

Name: _____

Address: _____ Telephone: _____

I have written my obituary, and it may be found at: _____

I have not written my obituary, but hope that it includes the following: _____

I would like the following newspapers and organizations to receive notice of upcoming services as soon as possible after I pass away :

Name: _____

Address: _____ Telephone: _____

Name: _____

Address: _____ Telephone: _____

Name: _____

Address: _____ Telephone: _____

Concerning the financial costs of my arrangements:

Arrangements referred to in this document have been prepaid to:

Name: _____

Address: _____ Telephone: _____

To pay for my arrangements, I have set up a joint or pay-on-death account at the following financial institution:

Name: _____

Address: _____ Telephone: _____

Final Instructions

Written instructions concerning donation of my organs and tissues may be found at: _____

The ethical will I have written that spells out my values and views about life may be found at: _____

My additional wishes or thoughts are: _____

I direct my chosen agents, family members and/or other responsible persons, to take all steps necessary to carry out the above instructions.

Dated:

Printed Name _____

Signature _____