

FUNERAL/DISPOSITION OF MY REMAINS

A. ACCORDING TO THE FOLLOWING INSTRUCTIONS/PREFERENCES, I WOULD LIKE

MY REMAINS BURIED

MY REMAINS CREMATED

MY ORGANS DONATED

MY BODY DONATED

B. FUNERAL HOME TO USE

C. CEMETERY TO USE

Name:

Name:

Address:

Address:

Contact:

Contact:

Notes:

Notes:

I made prior funeral arrangements:

I own a lot/burial rights in the above:

Funeral services prepaid? YES NO

Burial services prepaid? YES NO

I HAVE A RELIGIOUS AFFILIATION/PREFERENCE:

D. PREFERENCES REGARDING DISPOSITION OF REMAINS, TYPE OF FUNERAL,
TYPE OF RECEPTION, MUSIC, SPECIAL REQUESTS, ETC.