

Planning Guide: Funeral and Burial Arrangements



Pre-Planning of Funeral and Burial Arrangements

Funeral and Burial Arrangements

CEMETARY/COLUMBARIUM/NICHE NAME

LOT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FUNERAL HOME NAME

FUNERAL DIRECTOR NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

CHURCH/SYNAGOGUE/OTHER NAME

CONTACT

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

IMPORTANT DOCUMENTS

<input type="checkbox"/> ORGAN DONOR RECORDS	LOCATION
<input type="checkbox"/> INSTRUCTIONS FOR BURIAL, CREMATION, ETC	LOCATION
<input type="checkbox"/> SPECIAL WISHES FOR CEREMONY	LOCATION
<input type="checkbox"/> PREPAID FUNERAL POLICY	LOCATION

PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

Pre-Planning of Funeral and Burial Arrangements, cont'd.

OBITUARY INFORMATION

HOBBIES AND/OR PERSONAL INTERESTS

CLUBS, ORGANIZATIONS, CHURCH AFFILIATION AND ACTIVITIES

MILITARY SERVICE

AWARDS AND ACHIEVEMENTS

OTHER INFORMATION

SURVIVOR NAME 1	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 2	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 3	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 4	RELATIONSHIP	CITY	STATE
PRE-DECEASED 1	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 2	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 3	RELATIONSHIP	YEAR OF DEATH	

WHO CAN MEMORIAL DONATIONS BE MADE TO

NAME

ADDRESS

PHONE NUMBER

NAME

ADDRESS

PHONE NUMBER

FUNERAL CEREMONY

HOUSE OF WORSHIP

ADDRESS

NAME OF CLERGYMAN

PHONE NUMBER

PREFERRED FUNERAL CEREMONY (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> HELD AT FUNERAL HOME | <input type="checkbox"/> VIEWING ONLY AT FUNERAL HOME PRIOR TO CEREMONY |
| <input type="checkbox"/> HELD AT CHURCH (specify) | <input type="checkbox"/> FAMILY AND FRIENDS ONLY |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY | <input type="checkbox"/> IMMEDIATE FAMILY ONLY |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY AT: | <input type="checkbox"/> NO VIEWING/NO OPEN CASKET |
| <input type="checkbox"/> OPEN CASKET | |

PERSONAL EFFECTS THAT SHOULD STAY WITH THE REMAINS AFTER THE MEMORIAL SERVICE (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> EYEGLASSES | <input type="checkbox"/> OTHER (please specify) _____ |
| <input type="checkbox"/> WATCH | <input type="checkbox"/> NONE |
| <input type="checkbox"/> RINGS/JEWELRY | <input type="checkbox"/> NO PERSONAL EFFECTS ARE TO BE WITH THE REMAINS DURING THE MEMORIAL SERVICE |
| <input type="checkbox"/> SMART PHONE/CELLPHONE | |

Pre-Planning of Funeral and Burial Arrangements, cont'd.

VETERANS FUNERAL ARRANGEMENTS

DRAPED FLAG FOLDED FLAG FLAG PRESENTED TO: _____

TYPE OF EULOGY

RELIGIOUS SERVICE ONLY EULOGY ONLY
 RELIGIOUS SERVICE AND EULOGY NONE

NAME OF INDIVIDUAL TO PROVIDE EULOGY

ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

RELIGIOUS PASSAGES (to be read at service)

FLORAL PREFERENCES

FLORAL TYPE: _____ FLORAL COLOR: _____ NO FLORAL

MUSIC SELECTION

ORGANIST OTHER MUSIC SELECTION: _____
 SOLOIST NONE

CLOTHING PREFERENCE

EXISTING CLOTHING DESCRIPTION OF CLOTHING (type and color): _____
 NEW CLOTHING NONE

PREFERENCE FOR DISPOSAL OF THE REMAINS

BURIAL OTHER (please explain): _____
 CREMATION OTHER INSTRUCTIONS (e.g. dispersal of cremains): _____
 MAUSOLEUM INTERMENT _____

TYPE OF CASKET

HARDWOOD (type) _____ OTHER (please explain): _____
 METAL (type) _____ NOT APPLICABLE
 CREMATION COFFIN

CASKET SPECIFICS

MANUFACTURER _____ OTHER INFORMATION (please specify): _____
 MODEL: _____ NOT APPLICABLE

CASKET PRESENTATION DURING CEREMONY

OPEN (if possible) NOT APPLICABLE
 CLOSED

TYPE OF HEADSTONE

STONE HEADSTONE SAYING: _____
 FLAT MARKER HEADSTONE PHRASE: _____
 UPRIGHT

POST-MEMORIAL GATHERING DESIRED

QUIET GATHERING AT FAMILY MEMBER'S HOUSE OTHER (please specify): _____
 LIFE CELEBRATION EVENT: _____ NONE

PROTECT YOUR IDENTITY - Keep this document in a secure location and only allow access to necessary parties.