

FINAL WISHES QUESTIONNAIRE

1. Arrangements have been made with:

Name of Funeral Home/Society:

Address:

Telephone Number:

Contact Person:

2. Arrangements " have " have not been prepaid.

If prepaid, what are the payment arrangements?

The contract is located at:

3. I have chosen (or would like to choose) the following type of casket:

4. The clothing in which I would like to be buried is:

5. I do do not want my jewelry buried with me.

6. I would like the following items to be placed in the casket with me:

7. I **want/do not want** visitation before my service. If I have visitation, I want visitation held **the day before my services/just prior to my service**. I want an **open/closed** casket at my visitation.

8. I would like an **open/closed** casket at my funeral service.

9. I would like my funeral/memorial services held at:

Address:

10. I would like these flowers/symbols at my service:

11. If individuals wish to contribute to a charity in my honor, I would like these contributions to go to the following:

Name and Address:

Name and Address:

Name and Address:

12. I would like the following music at my service:

13. I would like the following people to provide the music:

Organist Name and Phone Number:

Soloist Name and Phone Number:

Other Name and Phone Number:

14. I would like the following scripture/readings at my memorial service:

15. I would like the following persons to read these passages:

Name and Telephone Number:

Name and Telephone Number:

16. I would like the following clergy persons to officiate at my services:

Name/Telephone Number/Domination:

Name/Telephone Number/Domination:

17. I would like the following person to deliver the eulogy:

Name and Telephone Number:

18. I would like the following to serve as my pallbearers:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

19. I would like the following to serve as my honorary pallbearers:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

20. I would like an American flag/color guard because:

21. The photograph/portrait I would like used at my memorial service is:

22. I would like the following transportation arranged for my services:

23. I have the following further instructions regarding funeral services:

24. I have purchased a cemetery plot at:

Name and Address:

A copy of the deed is located:

25. I have not purchased a cemetery plot, but I would like to be buried at:

26. I **do/do not** want a graveside service. If a graveside service is desired,

I wish the following persons to participate in such a service:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

27. I have the following instructions regarding a graveside service:

28. I would like the following grave marker or monument:

29. I would like my name on the marker to be stated as:

30. I would like the following inscription on the marker:

31. I **do/do not** wish to be cremated.

32. For cremation, I would like the following regarding my ashes:

33. For cremation, I would like the following type of urn:

34. If my ashes are scattered, I would would not like a service connected to the scattering.

I would like the following persons to participate in such a service:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

35. I would like to have the following type of reception /meal after my services:

36. I would like the following people to be invited to this gathering:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

Name and Telephone Number:

37. I have the following desires regarding the costs incurred for any services, memorials, gatherings:

38. I wish to say the following about my final disposition:

I direct my agents under my power of attorney for health care and finances or any other responsible person to take whatever steps necessary to honor these instructions.

Date:
