

Funeral Service – part one



INFORMATION OF _____

The following is an expression of my funeral service decisions.

Funeral Home/Mortuary/Crematorium Preferred: _____

Address: _____ Phone #: _____
Street Address City State

Place of Service: Funeral Home/Mortuary: _____

Church: _____

- Cemetery/Memorial Park Chapel Graveside Memorial Service
 Other _____

Religious Preference: _____ Celebrant/Clergyman: _____

Participating Organizations (*military, fraternal, lodge, etc.*): _____

Flag: Draped Folded Presented to: _____

Wake/Rosary Service: Yes No Location: _____ Officiator: _____

Viewing: Public Private None

Clothing Preference: From Current Wardrobe New Other _____
Description/Color: _____

Personal Accessories:

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Wedding Band | <input type="checkbox"/> Stays On | <input type="checkbox"/> or Return to _____ |
| <input type="checkbox"/> Eyeglasses | <input type="checkbox"/> Stays On | <input type="checkbox"/> or Return to _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Stays On | <input type="checkbox"/> or Return to _____ |

Floral Preference (*type and color preferred*): _____

Memorial donations may be made to: _____

Music: Organist: _____ Soloist(s): _____

Music Selections: _____

Religious Passages Selected: _____

Eulogy by: _____ Notations for Eulogy: _____

Newspaper Notices (Names of Papers): _____

Casket: Open during service Closed during service

Type of Casket: Hardwood Metal Cremation Coffin Other: _____

Description: _____

Funeral Service – part two



INFORMATION OF _____

I have "Away From Home Protection": Yes No

Name of Plan: _____ Contract #: _____

Name of Receiving Funeral Home: _____

Address: _____ City: _____ State: _____

Phone #: _____

The service and merchandise noted are prepaid and contracts/policies can be located at:

Pallbearers' Names	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honorary Pallbearers' Names	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with the remains.

Cemetery Memorialization



INFORMATION OF _____

Memorial Park/Cemetery Preferred: _____

Address: _____

Street Address

City

State

Phone #: _____

I Own Prefer

Type of Arrangements: Family Estate Companion Single

Type of Burial Rights: Mausoleum Lawn Crypt Ground Burial Cremation w/
Memorialization

If Owned, Name of Person Who Interment Rights are Deeded to: _____

Legal Description of Burial Rights: _____

Location of Deed: _____

I Own Prefer Vault/Outer Burial Container

Memorialization: Upright Monument Memorial Plaque Bronze Plaque Granite Plaque

Other: _____

Inscription: _____

Emblem(s): _____

Family Present During Closing of Property? Yes No

Opening and Closing of Property? Prepaid To Be Determined

Additional Remarks/Special Instructions/Items to be placed with the remains, etc.
