

FUNERAL PREPLANNING

Full name _____

Disposition of body:

I request _____ conventional burial at _____ cemetery
_____ cremation _____ ashes returned to my family
_____ burial of ashes at _____
_____ scattering of ashes at _____

Type of service:

I request _____ graveside service
_____ funeral service
_____ memorial service
_____ no service

I have arranged donation of:

_____ eyes
_____ other organs _____

arrangements are made with _____

***I understand that feasibility of organ donation depends upon time and place of death*

I request:

_____ no viewing of my body
_____ suitable time for viewing of my body without embalming
_____ embalming if necessary to allow family members to arrive to view

I would like any donations to go to: _____

At the service I would like (flowers, music etc) _____

If possible, I would like my coffin to be made by _____

Other wishes _____

Signature _____ Date _____