|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| **MEMORIAL SERVICE INFORMATION** | | | | |
| **Have you prearranged your funeral?** | | **Yes** | | **No** |
| Address |  | | | |
| Name of funeral home or mortuary |  | | | |
| Phone number |  | | | |
|  | | | | |
| **VISITATION** | | | | |
| Visitation location |  | | | |
| Address |  | | | |
| Phone number |  | | | |
|  |  | |  |  |
| **FUNERAL** | | | | |
| Funeral location |  | | | |
| Address |  | | | |
| Phone number |  | | | |
|  | | | | |
| Name of person to conduct service |  | | | |
| Phone number |  | | | |
| Name of alternate person to conduct service |  | | | |
| Phone number |  | | | |
|  | | | | |
| **MUSIC** | | | | |
| Name of musician(s) |  | | | |
| Phone number |  | | | |
|  | | | | |
| **OTHER SPECIAL REQUESTS (**e.g., type of casket , reading, specific clothing**)** | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **BURIAL INFORMATION** | | | |
| Name of cemetery |  | | |
| Address |  | | |
| Phone number |  | | |
| Have you prepaid for a funeral plot?  Yes  No | | | |
| Plot number |  | | |
|  |  |  |  |
| **CREMATION INFORMATION** | | | |
| Do you want your cremated remains scattered?  Yes  No | | | |
| If so, where? |  | | |
|  | | | |
| **OTHER WISHES** | | | |
| Donate your organs or body?  Yes  No | | | |
| Organs to be donated |  | | |
| Address |  | | |
| Name of institution or hospital |  | | |
| Phone number |  | | |
| List of organization to which donations can be made in your name: |  | | |
|  | | | |
| Do you have a vision for your memorial service?  Yes  No | | | |
| if so, please describe it: |  | | |
| Do you have a vision for your grave or memorial site?  Yes  No | | | |
| if so, please describe it: |  | | |
| Do you envision a memorial stone and epitaph?  Yes  No | | | |
| if so, please describe it: |  | | |