

Final Arrangements of _____

(I **Rated** my preferences 1st 2nd 3rd... or **Circled** or **Checked them**) Today's date _____

In a phrase, the basic over-all vision for my ceremony and body disposition (examples: "Traditional but shorter" or "family-only graveside" or "simple and cheap", etc): _____

WHO

1. Person responsible for making arrangements: Next of kin **or** Appointed Agent (a copy assigning the person is attached) name, address and phone: _____

(Make sure he/she has a copy of this plan and knows how to get the money to carry it out)

2. Executor for my estate is (name, address, and phone): _____

_____ and knows where I keep my acct #s, deeds, property, safe deposit box key, computer passwords, stocks & bonds certificates, ins. policies, and family jewels. OR I'm not telling _____. OR located _____.

3. Final disposition should be handled by: ___ Mortuary ___ My Family ___ Appointed Agent ___ A Funeral Committee ___ Name and phone: _____

4. To find contact info of my family and friends see my: ___ Computer ___ Address book ___ Day-planner ___ Other Located: _____ or Ask (name): _____

FIRST THING

5. If possible **donate my organs** or tissues: ___ Yes ___ No Only: eyes/ tissue/ organs/ bone/ any

(Mortuaries are not to charge extra for servicing a donor. Survivors call 1-800-366-6744 if charged)

6. Donation of body to Science or Education (pre-registration with the U of U is attached.)

NEXT DECISIONS AFTER I'M GONE

7. Within 24 hrs a body must be (I prefer): ___ Refrigerated (40 degree room or ice packs) ___ Buried ___ Embalmed ___ Cremated

8. ___ Embalm me no matter what ___ Don't embalm ___ Only Embalm if: _____

9. Body Disposition, I prefer: ___ **Whole Body Burial** ___ **Cremation** (___ I have attached an advance authorization) ___ I have a Pacemaker or other implanted device which must be removed before cremation.

10. Hold a viewing

I prefer: ___ Public ___ Private ___ Two viewings **Location:** ___ home ___ chapel ___ Mortuary

10a. **Hold a visitation** ___ a closed casket ___ body not present at all ___ Ashes in an urn

I prefer: ___ Public ___ Private ___ Two Visitations **Location:** ___ home ___ chapel ___ Mortuary

11. Dress me in: ___ clothing I own. OR ___ new clothing.

What: _____

I want to wear my glasses: _____ Jewelry: _____

Please donate my medical devices/glasses. List: _____

THE CASKET

12. I prefer: ___ the casket I built (located: _____) ___ buy cheapest ___ buy best ___ rental ___ homemade ___ plywood wood ___ solid wood ___ Steel ___ Simple alternative (cardboard) ___ Shroud

(transported on a bier) Other: _____ **If lining inside** casket, Color and Type: _____

Outside of casket, Color? _____ A pal (cloth covering over top)? _____ Carvings? _____

If Military, Veteran flag will cover casket? Yes ___ No ___

THE SERVICE

13. Religious Affiliation: _____
14. I prefer: ___Funeral with whole body present ___Funeral with ashes present ___Memorial (A funeral or a social gathering without body present) ___No Service
15. Location: ___Church ___Mortuary ___Home ___Graveside ___Other: _____
16. Officiate: ___Congregation leader ___funeral director ___family member ___other (name): _____
17. Invited: ___Public or ___Private
18. Desired Pallbearers: _____
19. Transport casket by: ___Funeral coach/hearse ___Van ___Truck ___Any
- (Note: Family can transport a covered body themselves with a burial transit permit & death certificate)**
20. If I die out of state/country, changes?: _____
21. Specify any preferences for printed programs: _____
22. ___Assigned Speakers ___Open mike ___Both If assigned, names: _____
- 22a. Length: ___short (under 30min) ___medium (30min -60min) ___long (over 1hr) ___painful (over 1½)
23. Other instructions for speakers: _____
24. Musical numbers or song(s): _____
- Person(s) to perform: _____
- Hymn(s): _____
25. Scriptures or readings (such as journal entries or favorite poems): _____
- _____

FINAL RESTING PLACE

26. I prefer final interment be: ___Cemetery ___Mausoleum/vault ___Scattering ___ A loved one's property ___Niche **Location:** _____
27. Any special Interment ceremonial instructions: _____
28. ___Grave Marker ___Flat Headstone ___Raised Headstone ___Something Natural Special requests: _____
29. Color Guard? Yes___ No___

MEMORIALS

30. Favorite flowers: _____
- I prefer: ___Cut flowers ___Live plants ___Memorial gifts **in lieu of flowers**
- My favorite charities** are: _____
- _____
31. **Obituary: None** (a death notice is published free of charge upon request) **OR** I've written my own obituary (attached). **OR** I'd like (name) _____ to write one for me. I'd like included (mark choices): age, birthplace/date, cause of death, marital status, partner's name, parent's names, occupations, college degrees, places lived, memberships held, military service, outstanding work, immediate survivors and the towns or states they live in, #'s of descendants, time and location of funeral or memorial service, preferred charities for memorial contributions, and also:
- _____
- _____
- _____
- _____
- _____