

(Husband, if married)

Date:				
These are the wishes of: (Name)				
Funeral Home Preference	:			
Name:				
Address:				
Phone No.:				
Contact Person:				
Description of any arrange of the contract:	ements you have made wi	th the funeral home (if	prepaid, attach a copy	
Viewing Wishes & Person	·			
Description of Clothing				
Other:				
Location of Service:				
Name of Church or Funera	al Home:		····	
Address:				
Requests for Funeral Serv	vice:			
Name of Minister:		Ministers Phone N	No.:	
Description of Service:				
Participating Organization	s (military, fraternal, etc.)	:		

Musical Selection	ons:		
			Other:
Special Requests	s: (biblical passages, cloth	ing, additional speake	ers, etc.):
Interment:			
Name of Cemete	ery:		
			Phone No.:
Legal Description	n: Lot # B	lock #	Section #
Casket: I would	like the following type of	casket:	
Pall Bearers: w	ould like the following pa	ll bearers:	
	es No be cremated, describe wl		ne with your ashes:
	uld like flowers: Yes owers please make contr		
Donors Informa to make an anat	tion: I wish I do omical gift, to take effect	not wish upon my death. If yo	u do wish to make such a
-	end you make a copy of t I in a secure place.	ne document and inc	lude it in this section.
Signed:		Dated:	



(Wife, if married)

Date:			
These are the wishes of:	(Name)		
Funeral Home Preference	ce:		
Name:			
Phone No.:	Email Addres	ss:	
Contact Person:			
Description of any arran of the contract:	gements you have made w	vith the funeral home (if	prepaid, attach a copy
	onal Accessories: Open Cas		
			Glasses:
Other:			
Location of Service:			
Name of Church or Fune	ral Home:		
Address:			
Requests for Funeral Se	rvice:		
Name of Minister:		Ministers Phone	No.:
Description of Service:			
Participating Organization	ons (military, fraternal, etc.):	

Musical Selection	ns:		
Organist:	Pianist:	Vocalist:	Other:
Special Requests	: (biblical passages, cl	othing, additional speak	ers, etc.):
Interment:			
Name of Cemete	ry:		
Address:			Phone No.:
Location of Ceme	etery Lot(s):		
Legal Description	: Lot #	Block #	Section #
Casket: I would I	ike the following type	of casket:	
	ould like the following		
	sNo		and the second second
	e cremated, describe	e what you would like do	one with your asnes:
Memorial: I wou	ıld like flowers: Yes	No	
If no, in lieu of flo	owers please make co	ntributions to the follow	ving organizations:
Donors Informat	ion: wish	do not wish	
to make an anato	omical gift, to take eff	ect upon my death. If yo	ou do wish to make such a
gift, we recomme	end you make a copy	of the document and inc	clude it in this section.
Keep the original	in a secure place.		
Signed:		Dated:	