



FUNERAL INSTRUCTIONS

(Husband, if married)

Date: _____

These are the wishes of: (Name) _____

Funeral Home Preference:

Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Contact Person: _____

Description of any arrangements you have made with the funeral home (if prepaid, attach a copy of the contract:

Viewing Wishes & Personal Accessories: Open Casket: _____ Closed Casket: _____

Description of Clothing _____ Wedding Band: _____ Glasses: _____

Other: _____

Location of Service:

Name of Church or Funeral Home: _____

Address: _____

Requests for Funeral Service:

Name of Minister: _____ Ministers Phone No.: _____

Description of Service:

Participating Organizations (military, fraternal, etc.):

Musical Selections: _____

Organist: _____ Pianist: _____ Vocalist: _____ Other: _____

Special Requests: (biblical passages, clothing, additional speakers, etc.):

Interment:

Name of Cemetery: _____

Address: _____ Phone No.: _____

Location of Cemetery Lot(s): _____

Legal Description: Lot # _____ Block # _____ Section # _____

Casket: I would like the following type of casket:

Pall Bearers: I would like the following pall bearers:

Cremation: Yes _____ No _____

If you choose to be cremated, describe what you would like done with your ashes:

Memorial: I would like flowers: Yes _____ No _____

If no, in lieu of flowers please make contributions to the following organizations:

Donors Information: I wish _____ I do not wish _____

to make an anatomical gift, to take effect upon my death. If you do wish to make such a gift, we recommend you make a copy of the document and include it in this section. Keep the original in a secure place.

Signed: _____ Dated: _____



FUNERAL INSTRUCTIONS

(Wife, if married)

Date: _____

These are the wishes of: (Name) _____

Funeral Home Preference:

Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Contact Person: _____

Description of any arrangements you have made with the funeral home (if prepaid, attach a copy of the contract:

Viewing Wishes & Personal Accessories: Open Casket: _____ Closed Casket: _____

Description of Clothing _____ Wedding Band: _____ Glasses: _____

Other: _____

Location of Service:

Name of Church or Funeral Home: _____

Address: _____

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