

INSTRUCTIONS FOR MY FUNERAL

Believers may not fear death but, like many others, they put off thinking about it. A funeral is often handled in a rush and in a manner that does not reflect the wishes of the deceased because, most often, survivors don't know what those wishes are. The following directives have been distributed in some parishes to enable Christians to have some say in the plans for their own funerals and their own bodies. Far from being morbid, this approach is both a courtesy and a responsibility. Please file the instructions with whomever you desire (immediate family, relatives, funeral home, church, etc.). Be advised that, according to civil law, next-of-kin have jurisdiction over the deceased. Make your own addenda as necessary throughout the form.

Funeral Instructions for (Your Name) \_\_\_\_\_

To assist those responsible for my funeral arrangements, I wish the following:

1. At my death, I want (funeral home) \_\_\_\_\_ to be contacted.

2. I have ( ) have not ( ) consulted with the funeral director of the above named funeral home and set up a funeral trust regarding the following:

Selection of a casket ( ) or a vault ( )

Selection of a cemetery plot ( ) or a crypt ( )

Other specific directions not covered above for:

Casket \_\_\_\_\_

Vault \_\_\_\_\_

Cemetery Plot \_\_\_\_\_

Crypt \_\_\_\_\_

3. I wish the following:

a. Morning Mass and burial with no Wake the evening before ( )

b. Evening Mass and morning burial ( ) Wake at church before evening Mass ( )

c. Evening Rosary with morning Mass and burial ( )

d. Evening prayer service with morning Mass and burial ( )

- e. Graveside service only ( ) For all to come ( )  
For immediate family only ( )
- f. Memorial service (after burial) ( ) a Mass ( )  
Prayer service ( ) At church ( ) In evening ( )  
In morning ( ) In afternoon ( ) Public ( )  
Private ( )
- g. Other - specify here \_\_\_\_\_  
\_\_\_\_\_

4. I want the Wake services conducted at church ( )  
funeral home ( ) other ( )

5. I wish the following persons to be pallbearers:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

6. I do ( ) do not ( ) wish to have an open casket.  
I leave choice to survivors ( ). I do ( ) do not ( )  
wish to be embalmed. I do ( ) do not ( ) wish to  
be cremated.

Other specific directions not covered above: \_\_\_\_\_  
\_\_\_\_\_

7. I would prefer that, instead of sending flowers,  
people make memorial gifts to: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

8. I make the following suggestions of material that  
I would like to have used in my service at Mass ( )  
at Wake ( ). Liturgical Music: \_\_\_\_\_  
\_\_\_\_\_

Other specific instructions for services: \_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS FOR FUNERAL HOME

Date \_\_\_\_\_

1. \_\_\_\_\_  
Last name                      First name                      Middle name

2. \_\_\_\_\_  
Street address                      City                      State                      Zip Code

3. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

4. Race \_\_\_\_\_ Citizen of what country \_\_\_\_\_

5. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

6. Name of spouse (first) \_\_\_\_\_ (maiden) \_\_\_\_\_

7. Name of next-of-kin if other than spouse \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

8. Name and birthplace of father \_\_\_\_\_

9. Maiden and first name and birthplace of mother \_\_\_\_\_  
\_\_\_\_\_

10. Last occupation \_\_\_\_\_ How long \_\_\_\_\_

11. Last employer or firm \_\_\_\_\_

12. Resided in county of \_\_\_\_\_ since \_\_\_\_\_

Resided in state of \_\_\_\_\_ since \_\_\_\_\_

13. If veteran: Rank and branch of service \_\_\_\_\_  
\_\_\_\_\_

14. Member of following organizations \_\_\_\_\_

15. Survivors for newspaper \_\_\_\_\_

16. I do ( ) do not ( ) want my age in the newspaper.

FINAL DISPOSITION: Burial \_\_\_\_\_ Cremation \_\_\_\_\_

Donation \_\_\_\_\_

A. I leave this to \_\_\_\_\_

B. I have made pre-arranged funeral plans with: \_\_\_\_\_

C. I have make arrangements regarding my cremated remains or  
interment as follows: \_\_\_\_\_

Designate location of burial plot, cemetery, mausoleum, colum-  
barium or other instructions: \_\_\_\_\_

This authorizes release of my remains to\* \_\_\_\_\_  
Funeral home

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

Make copies available to the Funeral Home, Executor of the  
Will, Next-of-Kin.

INFORMATION FOR SURVIVORS

Key Persons To Be Notified:

- 1. Church \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. Doctor \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. Funeral Home \_\_\_\_\_ Phone # \_\_\_\_\_
- 4. Executor of Will \_\_\_\_\_  
Phone # \_\_\_\_\_

Relatives and friends to be notified - names, addresses, phone #, relationship:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

Insurance policies - company, policy number, amount, agent:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Veteran's records - Identification number \_\_\_\_\_

VA office to notify \_\_\_\_\_

Location of discharge papers \_\_\_\_\_

Social Security # \_\_\_\_\_ Pension benefits from

employer \_\_\_\_\_ Who to notify \_\_\_\_\_

Location of will and safe deposit box \_\_\_\_\_

Attorney - name, address, phone# \_\_\_\_\_

Bank accounts - name of bank, type of accounts, stocks, bonds, etc. \_\_\_\_\_

Outstanding loans and credit obligations \_\_\_\_\_

Location of bank books, etc. \_\_\_\_\_

BIOGRAPHICAL INFORMATION

Date baptized \_\_\_\_\_ Location of baptismal papers \_\_\_\_\_

Date confirmed \_\_\_\_\_ Location of confirmation papers \_\_\_\_\_

Date and place of marriage (if applicable) \_\_\_\_\_

Pursuant to the Uniform Anatomical Gift Act, I hereby give, effective upon my death: A. \_\_\_\_\_ Any needed organ or parts

B. \_\_\_\_\_ Organs or parts listed: \_\_\_\_\_

My signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_

TO WHOM IT MAY CONCERN: This letter is not a request, it is an order. I have tried to live with dignity and I want to die the same way. If my fate is such that I should become old and afflicted with an irrevocable illness and become unable to make a rational decision, you are hereby instructed to give the physician orders that he must not attempt to prolong my life by using extraordinary means as allowed by church, civil law and hospital ethics.

I have made this decision so as to relieve you of the responsibility of making it.

With appreciation and love,

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Date \_\_\_\_\_