

Funeral Planning Form



As your loved one makes his or her funeral plans, use this form to record all of his or her wishes for final arrangements.

Final Arrangements for: _____

Memorial Services

Funeral home:

Funeral director:

Location of service:

To be officiated by:

Military/fraternal/social organization or lodge members to be present:

Pallbearers:

Veteran's flag: Folded Draped on casket

Music:

Reading or scripture selections:

Flowers: Yes No

Memorial donations: Yes No

Name of charitable organization:

Casket: Open Closed **OR** Cremated remains present? Yes No

Preparation and printing of the order of memorial services (*usually provided as part of service by funeral director with assistance from family*):

Burial

Name, address, and phone of cemetery:

Cemetery documents located:	
Casket:	<input type="checkbox"/> Wood <input type="checkbox"/> Bronze <input type="checkbox"/> Copper <input type="checkbox"/> Steel
Burial Vault <i>(usually required by cemetery/may be purchased through funeral home or cemetery-check on pricing):</i>	
Property or crypt purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	
No. of spaces:	
Type of burial:	<input type="checkbox"/> Earth burial <input type="checkbox"/> Crypt <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other:
Inscription to read:	
Other information or instructions:	
Cremation	
Name, address, and phone number of funeral home or cremation society:	
Urn:	<input type="checkbox"/> Bronze <input type="checkbox"/> Wooden <input type="checkbox"/> Marble <input type="checkbox"/> Other:
Location of cremated remains:	
Cemetery:	
Private estate:	
Final Disposition:	<input type="checkbox"/> Earth Burial <input type="checkbox"/> Mausoleum <input type="checkbox"/> Crypt <input type="checkbox"/> Columbarium <input type="checkbox"/> Other:
Alternative disposition:	
Type of memorial or monument:	
Inscription:	

Preparing My Obituary

On a separate sheet of paper, make a record of the following information.

Name:

Spouse's name:

Date and place of death:

Children/cities where they reside:

Grandchildren/cities where they reside:

Siblings/cities where they reside:

Parents/cities where they reside (or resided, if deceased):

Date, time, and place of funeral or memorial service and burial:

Clergy/person officiating:

Address of funeral home:

Address of cemetery:

Memorial contributions may be made in lieu of flowers to: (optional)

Photo preferred:

Place and date of birth:

Education:

Wedding date:

Military service:

Employment:

Religious affiliation:

Other affiliations:

Significant achievements:

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