

My Funeral Guide

Name *(please include, first, middle, maiden and last)* _____

Date of birth _____ **Where born?** _____

Please conduct my funeral at: _____

Funeral Home: *(contact information)* _____

Have arrangements been made at the funeral home? ___yes ___no

Cemetery: _____

I have already purchased a plot there? ___yes ___no **I already have a grave marker?** ___yes ___no

Do you have a living will? ___yes ___no

I wish to be cremated? ___yes ___no **Do you want your cremains buried?** ___yes ___no

Funeral service followed by burial or cremation? ___yes ___no

Do you want a viewing? ___yes ___no

Do you want a visitation? ___yes ___no **At church or funeral home?** ___church ___funeral home

Were you a veteran? ___yes ___no **Do you desire military services?** ___yes ___no

Do you want a luncheon after the funeral? ___yes ___no **Luncheon details:**

Flowers? ___yes ___no **Favorite flowers** _____

Florist? *(include contact information)* _____

Pall bearers *(include contact information)*

Memorials directed to:

Soloist? *(contact information)* _____

Organist? *(contact information)* _____

Favorite hymns? _____