

# 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:   |  |
| <b>Cremation</b>   |  |
| 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:  |
| <b>Location of cremated remains:</b>   |  |
| 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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