

FUNERAL & BURIAL INFORMATION PLANNER

The following information should be provided to your Personal Representative under your Last Will and Testament or your Trustee under your Revocable Living Trust, to ensure your wishes regarding funeral, burial and other post-death arrangements are satisfied.

DATE: _____

FUNERAL AND BURIAL INFORMATION

Mortician/Funeral Home: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Funeral Arrangements: ___ have been made ___ have not been made

TYPE OF SERVICE

Provide any information regarding the type of service you want (e.g., traditional funeral, memorial service, open casket, closed casket, graveside service, etc.).

LOCATION OF SERVICE

Name of Church, Synagogue, funeral home: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

CLERGY

Name of person to conduct service: _____

Affiliation: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

MUSIC

Indicate any specific requests for your funeral service.

My Music Choices: _____

MUSICIANS:

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

PRAYERS AND READINGS

Indicate any prayers and readings you wish to have at your funeral.

EULOGY

Name: _____

Phone: _____ Email: _____

OTHER KEY SPEAKERS AND READERS

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

BURIAL SITE

Name of Cemetery: _____ Plot No. _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I wish to have my remains disposed of in the following manner: _____

OBITUARY AND TOMBSTONE

My obituary: ___ is already prepared ___ is not already prepared

If not already prepared, this is information for an obituary:

Spouse/Partner: _____ Date Married: _____

Mother: _____ Father: _____

Sons and Daughters: _____

Siblings: _____

Place of Birth: _____

Information I would like to have added in my obituary: _____

Inscription on tombstone: _____

NEWSPAPERS

Obituary notices should be published in the following newspapers:

_____ I have attached a list of family and friend to be notified upon my death.

_____ I have not attached a list of family and friend to be notified upon my death.

CONTRIBUTIONS

_____ Contributions in lieu of flowers to be made to:

Name of Organization: _____

Address: _____

Phone: _____ Email: _____

Name of Organization: _____

Address: _____

Phone: _____ Email: _____

Name of Organization: _____

Address: _____

Phone: _____ Email: _____