

Planning Beyond the Will

Funeral and Other Arrangements



Enter the name and contact information of the person you'd like to handle your funeral and other final arrangements as well as a secondary back-up in the event your chosen person is not available.

Primary name:

Phone:

Email:

Secondary name:

Phone:

Email:

Death Notices and Obituaries (Death notices are paid announcements in a newspaper and give the name of the person who passed and details about the service and where donations can be made, while obituaries are articles written by a newspaper's staff, including a detailed biography of the person who passed).

Would you like a death notice?

Yes

No

If yes, provide the name(s) of publication(s):

How would you like your name reflected?

Would you like an obituary?

Yes

No

If yes, provide the name(s) of publication(s):

How would you like your name reflected?

Is there a specific photo you'd like to have used?

Yes

No

If yes, please provide the location and any other details:

Should your cause of death be listed? Yes No

Your birthdate:

Your birthplace:

Names of your parents:

Names of any pre-deceased family members (optional):

Your educational history, including schools attended and any degrees or honors received:

Military service, including any honors and/or awards received:

Your employment history, including your positions held and any awards or special recognition received:

Special accomplishments:

Hobbies and interests:

Personality, character, and other notable aspects you'd like people to know about you:

Names of surviving family members (optional):

Should details of your service be public or private? Public Private

Name(s) of any organization(s) to which donations should be made:

Any information you'd like to have included OR excluded from your notice and/or obituary?

Pre-Funeral and Service Arrangements

Choose how you would like your remains to be handled.

Buried

Cremated

Entombed

If you chose to be buried, where would you like to be buried?

Cemetery Location:

Green burial

Crypt or mausoleum Location:

If applicable, what style of casket would you like?

What style of headstone would you like?

What would you like your headstone to say?

If you chose cremation, how would you like your ashes to be handled?

Kept with family

Kept with friends

Buried Location:

Crypt or mausoleum Location:

Scattered Location:

Other:

What type of urn would you like your ashes placed in?

If you chose to have your ashes buried, please answer the below.

What style of headstone would you like?

What would you like your headstone to say?

Pre-Funeral Events

Choose any of the below events you'd like to have prior to a funeral service.

Viewing before the funeral?	Yes	No
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List any specific preferences:

Wake before the funeral?	Yes	No
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List any specific preferences:

Visitation before the funeral?	Yes	No
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List any specific preferences:

Mourning events per religious beliefs?	Yes	No
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List any specific preferences:

Funeral Service

Complete the below for details regarding your service or say none.

Ideal location:

Alternative location:

If there is no specific location in mind, please choose one of the following:

Funeral Home

Religious Facility

Cemetery chapel

Outdoors

Personal residence of family/friend

National cemetery chapel

What type of mood or feel would you like?

Traditional service

Celebration of life

Would you like an open casket service? Yes No

If yes, please give any additional instructions here:

Are there any specific religious acts or rituals you'd like to have observed? Yes No

If yes, provide those details here:

People

Would you like to name a specific individual to officiate your service?

Yes No

If yes, please give the person's name and contact information:

Secondary officiant in the event the above-named person is not available, including contact information:

If you would like a traditional funeral, please name your pallbearers below, there are typically six.

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

3. Name:

Phone:

Email:

4. Name:

Phone:

Email:

5. Name:

Phone:

Email:

6. Name:

Phone:

Email:

Please name any family members, friends, or others you would like to speak or give a eulogy.

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

3. Name:

Phone:

Email:

4. Name:

Phone:

Email:

5. Name:

Phone:

Email:

6. Name:

Phone:

Email:

Attendees – you might prefer a small service or a large one, open to the public. Please complete the below accordingly.

Would you like to notify and invite the public? Yes No

If yes, please provide the name(s) of the publication(s) you would like to have a notification and invitation placed in here:

Are there any groups or organizations you would like to invite? Yes No

If yes, please provide the name of the group and/or organization, along with a contact name and contact information here:

Are there any specific people you would like to ensure are invited? Yes No

If yes, please complete the below.

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

3. Name:

Phone:

Email:

4. Name:

Phone:

Email:

5. Name:

Phone:

Email:

6. Name:

Phone:

Email:

7. Name:

Phone:

Email:

8. Name:

Phone:

Email:

9. Name:

Phone:

Email:

10. Name:

Phone:

Email:

Readings / Prayers

Please make a note of any specific readings and/or prayers you would like to have performed at your service, including the person you'd like to deliver it.

1. Reading/prayer and any other details:

Name:

Phone:

Email:

2. Reading/prayer and any other details:

Name:

Phone:

Email:

3. Reading/prayer and any other details:

Name:

Phone:

Email:

4. Reading/prayer and any other details:

Name:

Phone:

Email:

5. Reading/prayer and any other details:

Name:

Phone:

Email:

6. Reading/prayer and any other details:

Name:

Phone:

Email:

Music

Would you like any specific music or songs to be played at your service?

Yes

No

If yes, please list the details below.

1. Title:

Artist/performer:

Anything else to note:

2. Title:

Artist/performer:

Anything else to note:

3. Title:

Artist/performer:

Anything else to note:

4. Title:

Artist/performer:

Anything else to note:

5. Title:

Artist/performer:

Anything else to note:

6. Title:

Artist/performer:

Anything else to note:

Would you like any specific songs to be sung by the attendees?

Yes

No

If yes, please provide the song names and any other applicable details here:

Would you like any specific musicians to perform?

Yes

No

If yes, please provide their names and contact information here, along with any other instructions:

Miscellaneous

Are there any final honors you would like to have observed/performed?

Yes

No

If yes, please give those details here:

Are there any personal items you want to have displayed at your service?

Yes

No

If yes, please give details about the item and location here:

Please make note of any other items related to your service:

Would you like to have floral arrangements?

Yes

No

Please give any specific details here:

Donations

Charitable donations – many people like to have their memories honored by having donations made to organizations or causes important to them. If you would like people to be able to honor you in this way, please complete the below.

1. Name of organization:

Anything you would like to share about the organization and/or why this is important to you?

Donation website:

2. Name of organization:

Anything you would like to share about the organization and/or why this is important to you?

Donation website:

3. Name of organization:

Anything you would like to share about the organization and/or why this is important to you?

Donation website:

4. Name of organization:

Anything you would like to share about the organization and/or why this is important to you?

Donation website:

Post-Service Arrangements

Would you like to have an additional service at your resting place?

Yes No

If yes, who would you like to have in attendance?

Public

Close friends

Family

Anyone in attendance at the service

Other:

Would you like someone specific to officiate this service?

Yes No

If yes, please provide their name and contact information here:

Are there any individuals you'd like to speak at your resting place?

Yes No

If yes, please provide name(s) and contact information here:

Would you like any religious material, poems, or other passages read at your resting place?

Yes No

If yes, please provide specific details here:

Would you like to have a reception or gathering after your service?

Yes No

Location:

Secondary Location:

If no set location, please select the type of venue you'd prefer:

Funeral home

Religious facility

Outdoors

Private residence

Private club

Private property

Restaurant

Bar or club

Any additional items you'd like to make note of regarding the type of venue:

Who would you like to attend your reception?

Public

Close friends

Family

Anyone in attendance at the service

Other:

Are there any personal items you would like to have displayed at your reception?

Yes

No

If yes, please give details about the item and location here:

Please make a note of any other specifics for the reception here:

Anything Else...

Please make note of anything else regarding your wishes for your final arrangements that were not already covered below.