Funeral Planning Worksheet

of _____ Today's date:_____

After filling this out it is best to summarize your preferences in a simple sweet letter that doesn't micromanage what your family does but gives them the scaffolding, really permission, to be more frugal

FIRST THING ___No preference

If possible **donate my organs** or tissues: ___ Yes ___No Only: eyes/ tissue/ organs/ bone/ any **(Mortuaries are not to charge extra for servicing a donor. Survivors call 1-800-366-6744 if charged)** ___Whole Body Donation for Science or Education -pre-registration with the U of U is attached. **Services CAN be held prior to whole body donation as instructions are followed.**

PREPARING BODY ___No preference

Within 24 hrs of death ONE of the following MUST be done. I prefer: ___Refrigerated (40 degree room or ice packs are sufficient) ___Buried ___Embalmed ___Cremated ___I Don't care

Only Embalm if: _____

Body Disposition, I prefer: ___**Whole Body Burial** ___**Cremation** ___I have a Pacemaker or other implanted device [must be removed before cremation].

LOOKING AT BODY & GREETING MOURNERS ___No preference

I prefer a **Viewing** (means casket open): ___Public ___Private:_____

I prefer a **Visitation** ___a closed casket ___body not present at all ___Ashes in an urn

Location: ___home ___chapel ___mortuary ____other :_____

DRESSING (treat body with the same modesty as when alive) Dress me in:

___clothing I own. ___new clothing ___No preference

What:_____Who:_____

I want to wear my glasses: _____ Jewelry: _____

Please donate my medical devices/glasses :_____

MOVING MY BODY ___No preference

Preferred Transport Vehicles: ___Funeral coach/hearse ___Van ___Truck ___Any

If I die far from home, changes?:_____

(Note: Family can transport a covered body themselves if accompanied by a burial transit permit & death certificate)

I prefer: ___a casket I own (located:_____) Buy__cheapest (under $1K), __midpriced ($2-3K), __($4k & up) ___rental __handmade __plywood __wood ___solid wood ___Steel ___Alternative (cardboard) ___Shroud on a bier Other details:_____

Inside of Casket (fabric color and type): _____

Outside of Casket (paint/stain color & sheen)?_____

A pal (cloth covering draped over top)? _____

Carvings, signatures, art or other decor?_____

American Flag to cover casket? __ Yes __ No (If Veteran, my DD form 214 is attached __)

Desired Pallbearers:_____

_____on

CEREMONY ___No preference
My Religious Affiliation is: _____
I prefer: ___**F**uneral (a gathering with whole body present) ___**M**emorial (a gathering without body present) ___**N**o Service ___No preference
Location: ___Church ___Mortuary ___Home ___Graveside ___Other: _____
Officiate: __Congregation leader __funeral director __family member __other
Name & phone:_____
Invited: ___Public or ___Private
Exclude:_____

Specify any preferences for printed programs:_____
___Assigned Speakers ____Open mike ____Both If assigned, names:_____
_____
Length: ___short (under 30min) ___medium (30min -60min) ___long (over 1hr) ___painful (over 1½hr)
Other instructions for speakers:
_____
Musical numbers or song(s):
_____
Performers:_____
Hymn(s):_____
Scriptures or readings (such as journal entries or favorite poems): _____
_____

FINAL DISPOSITION ___No preference (**Prepaid items mark:** *Pd & location of receipt*)
I prefer final interment be: ___Cemetery ___Mausoleum/vault ___Scattering ___ Private property ___Niche **Location:**_____
Any special interment ceremonial instructions:_____
____Memorial Grave Marker ___Flat Headstone ___Raised Headstone ___Something Natural
Special requests:

Color Guard? ___Yes ___No Rifle Salute? ____Yes ____No ____only if available

MEMORIALS ___No preference
Floral or Foliage on casket? ___ Yes ___No ___ Special Preferences: _____
For the room: ___ Cut flowers ___ Live plants ___Memorial gifts in lieu of flowers
My favorite charities are: _____
_____

OBITUARY
___ None (a simple death notice is published free of charge) ___ I've written my own obituary (attached). ___ I'd like (name)_____to write one for me.

I'd like included (mark choices): age, birthplace/date, cause of death, marital status, partner's name, parent's names, occupations, college degrees, places lived, memberships held, military service, outstanding work, immediate survivors and the towns or states they live in, #'s of descendants, time and location of funeral or memorial service, preferred charities for memorial contributions, and also:

_____
_____
_____
_____
_____
_____

WHO
Person(s) responsible for making after-death arrangements is:
___my "next of kin". This is the legal default. If multiple people are your "next of kin" and you think they won't agree with each other or you then you should appoint an agent.
or ___Assigned Agent (the document legally assigning the person is attached) name, address and phone:
_____
(I have given them a copy of this plan and instructions on how to get the money to carry it out)

After-death care of my body should be performed by:
___Mortuary ___My Family __Friends ___A Funeral Committee ___ Other ___No preference
Name & phone: _____

I have a legal Executor for my estate (not my after-death care) Their name, address, and phone:
_____
Where I keep my acct #s, deeds, property, safe deposit box key, computer passwords, stocks & bonds certificates, ins. policies, and other valuables, is known by: _____
Or ___I'm not telling. Or that info is located: _____

To announce my passing find contact info of my family and friends in my: ___Computer ___Address book ___Day-planner ___Other Located: _____ or Ask (name):_____
___just post it on social media and don't worry about contacting individuals.

__ My Vital records info is on this form that I printed and filled out:
https://drive.google.com/file/d/1xO8xMdpuCK75PEKBFOJsYeJ2D4hAR891/view

___I have shared these preferences with my next-of-kin and/or my "Assigned Agent".

Signed:_____ Date:_____

Witness:_____ Date:_____