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 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:_____

Speakers: ___Assigned ___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, readings (such as journal entries or favorite poems) or a specific message from you:

_____

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**
___**My Assigned Agent** (the document legally assigning the person is attached) name, address and phone:_____
(I've given the the above person a copy of this plan AND details on how the money to carry it out will be provided)

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

I have an **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: _____
Ask (name of person):_____, ___Post it on social media.

__ My Vital records info is on the form https://vitalrecords.utah.gov/death#filedeathrecord that I printed and filled out.

___I've shared these preferences with my above-named next-of-kin and/or my "Assigned Agent".

Signed:_____ Date:_____

Witness:_____ Date:_____