

## Instructions for

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### Final Arrangements

(Pursuant to Article Four of My Trust (if have), the provisions of my Health Care Directive, Declaration of Disposition of Remains and Anatomical Gifting, and pursuant to Articles One & Five of My Living Will.)

#### TO MY LOVED ONES:

##### Intent of this Letter

This letter is written in order to express my wishes and beliefs regarding my memorial and/or funeral arrangements.

It is my intent that my Agent and loved ones follow the instructions contained in this letter. I recognize, however, that there are circumstances that I cannot anticipate, that might require that my instructions be carried out differently. However, it is my hope that my Agent and loved ones will use their best abilities to carry out the intent of these instructions.

##### Conflicts with My Living Trust or Pour-Over Will

If any instruction contained in this letter is in conflict with any provision of my Living Trust or pour-over will, the provisions of my Living Trust or pour-over will, as the case may be, shall control.

##### Anatomical Gift

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

My Health Care Representative under the Health Care Power of Attorney has been given authority to make any decisions needed to implement the intent of this document. The Agent under my Trust will assist my Health Care Representative as to any financial concerns in order to implement this Organ Donation.

I request that my Health Care Professionals should locate and obtain the information contained on the **DOCUBANK™ CARD**, which I have in my possession, in order to obtain up-to-date emergency contact information concerning my family, and to obtain a copy of my Health Care Directive and Living Will. I choose one of the following anatomical gifts chosen by my initials:

##### (INITIALS)

\_\_\_\_\_ I do not wish to make any anatomical gifts at my death.

\_\_\_\_\_ I give any needed organs or parts, with no limitations or restrictions.

\_\_\_\_\_ I give any needed organs or parts, with the following restrictions:

(List restrictions) \_\_\_\_\_

## SPECIFIC INSTRUCTIONS

***The fact that I did not complete a line or choose an option does not indicate my disagreement with any instruction. Rather, I have indicated only those things, which, at the time, I feel strongly about.***

**(Complete areas that are appropriate to indicate your wishes)**

### Notification of My Death

- Upon my death, please notify the following relatives, friends and organizations:

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- I would like to have my obituary placed in the following newspapers, newsletters, etc.:

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- Other notification instructions:

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### Information for My Obituary

- My Date of Birth:
- My Place of Birth:
- My Significant Other:

## Information for My Obituary (cont.)

Parents:  
(Included **Mothers Maiden** Name)

Siblings:

Children:

Grandchildren:

Others:

- Schools attended, dates of graduation, degrees, honors, etc.:

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- Social organizations and offices held:

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- Professional organizations and offices held:

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## Information for My Obituary (cont.)

- Religious affiliations and offices held:

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- Civic organizations and offices held:

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- Awards, recognitions, accomplishments, etc.:

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- Other information for my obituary:

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## Funeral Home/Crematory

\_\_\_ I have already made pre-need arrangements with the following funeral home/crematory:

Name:

Address:

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## Funeral Home/Crematory (cont.)

The documents regarding my pre-need arrangements are located:

\_\_\_\_\_

— I do not have pre-need arrangements, but I would prefer that you use the following funeral home/crematory:

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Other funeral home/crematory instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Disposition of My Remains

• I would like:

— To be buried.

— To be entombed.

— To be cremated.

— My body donated for scientific purposes.

Name of specific institution for donation: \_\_\_\_\_

## Disposition of My Remains (cont.)

- Other disposition instructions:

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## Funeral/Memorial Service

- I would:

Like to have a funeral service (my remains present).

At my funeral service, I would like to have:

An open casket.

A closed casket.

Like to have a memorial service (no remains present) instead of a funeral service.

Not like any funeral or memorial service, but request:

Direct cremation.

Direct burial.

Like the following, in lieu of any of the above:

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## Funeral/Memorial Service (cont.)

- I would like my funeral/memorial service to be held at the following facility:

Name of Facility:

Address:

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- I would like the following individual to officiate at my funeral/memorial service (pastor, rabbi, priest, friend, family member):

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- I would like the following individual(s) to give my eulogy, homily, or words of comfort at my funeral/memorial service:

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- I would like my funeral/memorial service to be:

\_\_\_ Open to the public.

\_\_\_ Open only to my family and close friends.

\_\_\_ Open only to:

- I would like to have the following additional ceremony:

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Held at the following location:

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## Funeral/Memorial Service (cont.)

- I would like to have the following musical selections played at my funeral/memorial service:

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- I would like:

To have flowers at my funeral/memorial service.

No flowers at my funeral/memorial service.

To have memorial contributions made to the following organizations in lieu of flowers:

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Other memorial contribution instructions:

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- I would like to wear the following clothing:

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- I would like to be buried with the following jewelry and/or other personal items:

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## Funeral/Memorial Service (cont.)

- I would like the following items to be displayed in my casket at my viewing:

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- I would like the following items to be displayed on or around my casket at my viewing:

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- I would like my favorite scriptures, poems, or readings to be read during my funeral/memorial service:

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- I would like the following individuals to be my active pall bearers (usually 6-8):

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- I would like the following individuals to be honorary pall bearers:

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## Funeral/Memorial Service (cont.)

- I would like the following individuals to be my flower bearers:

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- Other funeral/memorial service instructions:

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## Burial/Entombment/Inurnment

- I would like my final disposition to be made at the following cemetery/mausoleum:

Name:

Address:

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## Burial/Entombment/Inurnment (cont.)

- I have already purchased a:

- Burial plot
- Mausoleum crypt
- Cremation niche

At the following location:

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The deed to the burial plot/mausoleum crypt/cremation niche is located:

\_\_\_\_\_

- I would like my burial plot/crypt/cremation niche to be:

- Next to the following individual:

\_\_\_\_\_

At the following location:

\_\_\_\_\_

- Near the following individual(s):

\_\_\_\_\_

\_\_\_\_\_

- I would like my Agent(s) to pay for perpetual care of my burial plot/crypt/cremation Niche in the following amount per year: \_\_\_\_\_.

## Burial/Entombment/Interment (cont.)

- Other burial/entombment/inurnment instructions:

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## Headstone/Casket Selection

- I would like my headstone to be designed as follows (color, shape, size, flowers, emblems, etc.):

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- I would like my headstone to be engraved as follows:

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- I would like my casket to be (metallic, wood, cloth-covered, color, etc.):

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- Other headstone/casket selection instructions:

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## Final Expenses

- I would like my final expenses to be:

\_\_\_ Economical

\_\_\_ Moderate

\_\_\_ Elaborate

- Other final expense instructions:

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## Miscellaneous Instructions

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Thank you for doing your best to see that my wishes are carried out.

Dated on \_\_\_\_\_

\_\_\_\_\_  
Signature