



## My Funeral Wishes

This worksheet is intended to help you record information about your desired funeral services. This can be a helpful reference when you take the next step and record your wishes with one of our directors, or for your survivors when the time comes to make arrangements on your behalf.

For all items that apply to your chosen services, record the information below (if known). If the item does not apply, or you are unsure, simply leave it blank.

Name: \_\_\_\_\_ Maiden name, if applicable: \_\_\_\_\_

Location of service: \_\_\_\_\_

Officiant (name, denomination, etc.): \_\_\_\_\_

Musicians (names, types, etc.): \_\_\_\_\_

Musical Selections (hymns, songs, etc.): \_\_\_\_\_

\_\_\_\_\_

Luncheon (location, caterer, menu items, etc.): \_\_\_\_\_

\_\_\_\_\_

Visitation evening prior, in addition to immediately before service?    Yes    No    Undecided

Public viewing (i.e., open casket services prior to burial/cremation?)    Yes    No    Undecided

Cemetery \_\_\_\_\_

Has cemetery property already been purchased?    Yes    No    Unknown

Other family members previously interred at gravesite, if any \_\_\_\_\_

\_\_\_\_\_

Is there a marker/monument already in place at cemetery?    Yes    No    Unknown

Do you wish to have a funeral procession w/escorts?    Yes    No    Undecided

Obituaries:    Minneapolis    St. Paul    Other \_\_\_\_\_

Would you like a photo included in the obituary (if applicable)?    Yes    No    Undecided

Casketed burial or cremation? \_\_\_\_\_

If casketed burial, do you have specific casket wishes (wood, metal, color, etc.)? \_\_\_\_\_

\_\_\_\_\_

If casketed burial, do you have specific burial vault wishes (basic liner, sealed vault, etc.)?

\_\_\_\_\_

If cremation, do you have specific urn wishes (material, color, dividing ashes, keepsakes, etc.)? \_\_\_\_\_

\_\_\_\_\_

Favorite verses, prayers, or poems you'd like included in the memorial printing \_\_\_\_\_

\_\_\_\_\_

If having open casket services, are there specific clothing or jewelry wishes? \_\_\_\_\_

\_\_\_\_\_

Number of certified death certificates needed \_\_\_\_\_

Who will be in charge of your arrangements? (Name(s)/Relationship) \_\_\_\_\_

\_\_\_\_\_

Are you a veteran? Yes No If yes, would you like burial honors? Yes No Undecided

Are you receiving a VA pension or disability payment? Yes No

Would you like a VA marker for the grave (if applicable)? Yes No Undecided

If yes, which type do you prefer? Granite Bronze Undecided

**Additional Comments/Info** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vital Statistic/Death Certificate Information:**

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Country of Birth, if not USA \_\_\_\_\_

Father's Name (First, Middle, Last) \_\_\_\_\_

Mother's Name (First, Middle, Maiden) \_\_\_\_\_

Usual occupation/industry \_\_\_\_\_

Highest level of education \_\_\_\_\_

Ethnicity \_\_\_\_\_