

INSTRUCTIONS CONCERNING MY FUNERAL AND BURIAL ARRANGEMENTS

To Whom It May Concern:

I have completed this document to provide instructions concerning my funeral and burial arrangements. If an item is not applicable, I have marked it "N/A" or left it blank.

1. Arrangements have been made with

2. The arrangements referenced above have been prepaid: Yes; No.

3. I wish any services to be held at

4. I wish interment at

5. I have purchased a cemetery plot located at

6. I desire to be cremated, and to have my ashes dealt with as follows

7. I desire that any casket and vault be

8. My desires concerning my clothing are

9. My desires concerning my jewelry (wedding band, etc.) are

10. My desires concerning flowers are

11. I desire for the following persons to be my pallbearers, if they are available

12. I desire that any services be conducted by

13. I desire the following concerning music and/or readings at the services

14. I desire that the following persons, newspapers and organizations be notified concerning any services

15. I have the following wishes concerning transportation related to any services

16. I have the following wishes concerning a reception or gathering after any services

17. I have the following wishes concerning cards of thanks to be sent out

18. I have the following wishes concerning a memorial, monument or marker

19. I have the following additional wishes concerning the content, style, length, and timing of any services, etc.

20. I desire that the costs of any services, memorial, reception, etc., be paid for as follows

21. I have the following additional wishes or thoughts

I direct my agent under my power of attorney for health care, my agent under my power

of attorney for property or financial matters, and each other agent or responsible person, to take all steps necessary to carry out these instructions.

Today's Date	
My Name (Printed)	
My Signature	

Each time you change the responses in your Arrangements, enter the date, your initials and any comments, in the following chart.

Update No.	Date (MM/DD/YYYY)	Your Initials	Your Comments
1			
2			
3			
4			
5			
6			

Provided by

H.E.L.P.

*a non-profit information resource
helping people meet aging-related legal and care challenges*

1404 Cravens Avenue • Torrance, California 90501
(310) 533-1996 • www.help4srs.org