

Body Disposition and Memorial Planning Worksheet

Name: _____

Address: _____

Phone: _____

E-mail: _____

Emergency contact/point person(s) /personal representative(s)
to carry out wishes:

Phone: _____

E-mail: _____

Additional Information for Death Certificate

Full legal name _____

Mother's maiden name _____

Father's name _____

Date of birth _____

Place of birth _____

Social Security number location _____

Military record/honorable
discharge number _____

Medicare number, if any _____

Location of funds to pay for burial/memorial_____

- I wish to be an organ donor. Location of advance directive or verification is:
- I wish to participate in whole body donation. Attach agreement with institution/hospital.

Body Disposition Wishes

Name of mortuary, crematorium, other agency _____

Location (of interment, inurnment, other) _____

Contact, if known _____

Other body preparation/process information (cremation, burial, embalming, special washing/preparation, eco burial options, family burial site, special clothes)

Casket preference (if any) _____

Cremains container preference (if any) _____

Headstone or marker specifications _____

Epitaph to read _____

If cremation, scattering information: _____

Company and location of airline/flight program/telephone of contact _____

Company and location of boat/telephone of contact _____

County number for location of scattering cremains over public grounds _____

Other _____

If interment or inurnment, plot purchased/reserved?

Location _____

Agency or funeral home and address _____

Phone of agency _____

Contact _____

Attach copy of contract/payment.

Any other specific provisions? _____

Military information _____

Military discharge Number/DD214 _____

Military branch/rank/time served _____

Preferred national burial site _____

Address _____

Phone _____

Ceremony/Program Preferences

Religious affiliation _____

Is a religious service desired? _____

What denomination if not listed above? _____

Is a military service desired? _____

If not, is a flag desired for ceremony? _____

Preferred facilitator (pastor, imam, rabbi, priest, etc.) to perform ceremony? _____

Specific personal/family wishes to be followed? _____

Specific clothing to be worn for open casket? _____

Specific flowers for casket or used in interment ceremony?

Where will family be seated? _____

How many chairs/seats need to be reserved? _____

Pre-burial services

Will there be a viewing? _____

Location and time? _____

Will there be a wake at a private home? _____

Location and time? _____

Will there be a rosary performed at the parish? _____

Will body be present? _____

Open casket or closed? _____

Preferred location of memorial ceremony? _____

Transportation

Who will provide transportation? Funeral home? Private cars?

Memorial preferences

Is memorial service or funeral private/invitation only? _____

Is memorial service open to public? _____

Location and time? _____

Music before ceremony/prelude? _____

Specific stories/anecdotes to be shared (*please attach copy*)

Sermon/message _____

Special music _____

Solos _____

Instrumental _____

Sung _____

Group/congregational singing/hymns

Prayers/readings (scriptures, poems, etc.)

Eulogy speakers

Friends _____

Business/professional associates

Family members

Processional with family? _____

Recessional with family? _____

Music after ceremony/postlude? _____

Flowers at the ceremony (kind, color, provided by whom)

Graveside ceremony preferences _____

Pallbearers. How many needed? _____

Name those who you would like to include for this role.

Place _____

Officiant _____

Special prayers, readings, speaker, eulogy? _____

Additional flowers for casket or niche? _____

Reception preferences

Place _____

Charitable organization (for donations in lieu of flowers):

Food requests _____

Seating arrangements (open, tables, etc.) _____

Slide show prepared (location of files and contact person or family archivist) _____

Memorabilia (photos, awards, recognition certificates, scrap-books, pieces of clothing or uniforms, collages, or posters) prepared (location of files and contact or family archivist)

Overall

In this ceremony/program, I want people to know the following: _____

Eulogy and Obituary Planning Worksheet

The following information will form a basis for your eulogy at the memorial service and the obituary for the newspaper, funeral home website, or house of worship notice.

Legal name _____

Date of birth _____

Place of birth (hospital, city, country) _____

Name of mother (maiden name) _____

Profession _____

Name of father _____

Profession _____

Name(s) of siblings and age(s)

Address _____

Baptism /special ritual date (if applicable) _____

Officiant _____

Pre-school/elementary/middle school (activities, sports, music, theatre, special talents, friends, vacations)

High school, including location and date of graduation (subjects studied, sports, mentors, special talents, vacations, friends, special events, honors, scholarships)

College/community college/technical/graduate or professional school including location(s) and date(s) of graduation

Majors/minors, mentors, sports, friends, special events, honors, scholarships/fellowships, awards

Name (s) of spouse(s)/partner(s) and date(s) of marriage(s)

Name of children's and date(s) of birth(s)

Career (first and significant jobs/positions/promotions, including location, with what company/agency/group/school, special accomplishments)

Military branch/rank/time served

Volunteer/charitable work including location, with what organization/agency/group

Special accomplishments/awards

Travel/vacations

Fun/recreation

What do you want to be remembered for? What matters to you? What are your passions? _____

Other important matters to mention/wisdom/last words

Date of memorial? _____

Place: _____

Charitable organization (for donations in lieu of flowers): _____
