



FINAL WISHES

MY MEMORIAL INSTRUCTIONS

"[FIRST, MIDDLE, LAST]"

"[CITY, STATE]"



DEAR LOVED ONES

In The Event of My Death
this document will serve as;

MY FINAL WISHES

I wish (only) to spare you, as much of the worries, stresses, and expenses, as possible in regards to my Memorial. Because of this, I have set-forth this simple Memorial Guide, to tell you everything you need to know, to successfully handle the task that's upon you in connection with my death.

I hope these suggestions will assist you, and more importantly, spare you from some of the concerns about – If my Memorial Services was as I had wished it to be.

I sincerely appreciate you, and I love you, and I thank you for carrying out these wishes in my behalf.

(Signed)

(Dated)



OBITUARY

Full Name: _____

Birthplace: _____

Born at: _____ on _____

Name of Mother: _____

Mother Birthplace: _____

Name of Father: _____

Religious Affiliation: _____

Married: _____ Date: _____

Education: _____

Occupation: _____

Surviving Relatives:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>RESIDENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



MEMORIAL SERVICES

DESIRES FOR MY MEMORIAL

Location of Services: _____, _____, _____

Church Affiliation: _____, _____

Personal Effects:

Eye Glasses: ___ Stays on Return to _____

Wedding Band: ___ Stays on Return to _____

Other Jewelry: ___ Stays on Return to _____

_____ ___ Stays on Return to _____

Clothing Preferences:

___ New ___ Current Description: _____

Music:

1. _____

2. _____

3. _____

Flowers:

Food/ Drink:

Contributions:

Prayers:



CEMETERY

Preferred Interment: ___ Earth Burial
 ___ Mausoleum Entombment
 ___ Cremation Inurnment

Name of Cemetery: _____

Location: _____

Cemetery Property Lot _____

Arrangement Preferred: ___ Family Estate ___ Companion ___ Single

Casket preferences: _____

Memorial Tablet:

Type: _____

Inscription: _____

Cremation:

Location of remains

___ Burial ___ Scattering Garden ___ Scattering Air

___ Niche ___ Cremation Garden ___ Scattering Sea

Other Request: _____



MEMORIAL FUNDING

THE FOLLOWING FUNDS ARE AVAILABLE FOR FINAL EXPENSES

Social Security _____

Life Insurance _____

Company

Policy #

Beneficiary

Other items that have been prepaid or provided for _____

Location of Documents

Birth Certificate _____

Marriage Certificate _____

Will And Testament _____

Trust _____

Stocks and Bonds _____

Military Record _____

Automobile Titles _____

Land Title _____

Other Insurance _____

Address Book _____



ASSETS

Financial Institutions

<u>Bank Name</u>	<u>Type Account</u>	<u>Account #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Property

Safety Deposit Box

Other



THOUGHTS

My Favorite

Songs _____

Color _____

Book _____

Movie _____

Season _____

What Life has meant to me

What I always wished for

A Message To Family & Friends



ABOUT ME

Significant Life Accomplishments

Religious Beliefs

Hobbies

Favorite Places

Fond Remembrances



HOW I VIEWED

Myself

My Spouse

My Children

My Friends

My Occupation



MEMORIAL CHECKLIST

Notify

- Relatives
- Friends
- Doctor
- Funeral Director
- Church Minister
- Business Associates
- Professional Regulatory Agencies
- Employees/ Co-workers
- Pallbearers
- Insurance Agencies
- Organizations/ Clubs
- Newspapers

Choose

- Time & Place
- Casket
- Clothing
- Blanket or Robe
- Flowers
- Music
- Food

Additionally

- * Provide vital statistics
- * Sign necessary paperwork
- * Clean-out home, storage, etc.

SINCEREST THANKS

I appreciate you, I love you, GOD Bless You.