



END OF LIFE WISHES

For _____

If I was considered terminal, incurable and death was imminent I would like

Respiration Yes No

Artificial Hydration Yes No

Artificial Nutrition Yes No

Should I go into Cardiac Arrest, I would like

To be resuscitated

NOT to be resuscitated

Decided by: _____ Date: _____

Funeral Home Preferred Phone: _____

Address: _____

Service Location _____

PrePaid: Yes No With: _____

Life Insurance: _____

Church _____ Clergyman: _____

Casket: Yes No Open Closed

Cremation: Yes No Urn Burial

Obituary: Yes No

Newspapers: _____

Flowers or Donation to: _____

Photographs: _____

Scripture Readings: _____

Readers: _____

Clothing: _____

Jewelry: _____

Glasses On: Yes No

Music Selections:

1. _____ 2. _____

2. _____ 4. _____

Pallbearers

- 1. _____ 2. _____
- 2. _____ 4. _____

Who to Notify

- 1. _____ 2. _____
- 3. _____ 4. _____

Other Instructions:

MEMORIAL WISHES

Cemetery: _____ Phone: _____
 Address: _____

Type of Property:

Mausoleum Ground Burial Lawn Crypt Urn/Niche

Location of Prepaid Burial Information/Deed:

Visitation Prior to Funeral Services? Yes No

If Yes, for Whom? Family Only Everyone

Family Present at Time of Burial? Yes No

Memorial in Your Name? Yes No

If Yes, List Your Memorial Choices:

- 1. _____
- 2. _____
- 3. _____

Additional Memorial Information:
