

PREPLANNING

Full name _____

Disposition of body:

I request _____ conventional burial at _____ cemetery

_____ cremation _____ ashes returned to my family
_____ burial of ashes at _____
_____ scattering of ashes at _____

Type of service:

I request _____ graveside service
_____ funeral service
_____ memorial service
_____ no service

I have arranged donation of _____ eyes
_____ other organs

arrangements are made with _____

I understand that feasibility of organ donation depends upon time and place of death.

I request _____ no viewing of my body
_____ suitable time for viewing of my body without embalming
_____ embalming if necessary to allow family members to arrive
to view if they wish

I would like any donations to go to: _____

At the service I would like (flowers, music etc) _____

If possible, I would like my coffin to be made by _____

Other wishes _____

Signature _____ Date _____