

THE LAW OFFICE OF ROBERT H. PAINE, PLLC

**MEMORIAL & FUNERAL
INSTRUCTIONS**

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INTRODUCTION

One of the greatest acts of compassion we can offer our loved ones is to relieve them of the burden of deciding our funeral arrangements at the time of death. Those we leave behind often agonize over making the right decisions concerning our final wishes.

This form was prepared in the hopes that it will assist in advising your loved ones and your place of worship of your final wishes. We recommend that you either provide us with the following information or thoughtfully and thoroughly complete this form at your leisure. Deliver a copy of it to the minister at your place of worship and deliver a copy of it to your loved ones or place it with your estate documents. If you have pre-planned your funeral with a mortuary you may want to provide them with a copy as well.

MEMORIAL INSTRUCTIONS

NAME

First _____ Middle _____ Last _____

Nickname _____ Maiden Name _____

Home Phone _____ Business Phone _____

ADDRESS

Street _____

City _____ County _____

Resident Since _____ Previous City & State _____

In State since _____ Country since _____

PERSONAL INFORMATION

Birth Date _____ Birth Place _____

Sex: M _____ F _____ Nationality/Citizenship _____

High School _____ Graduation Year _____

Employed by (or retired from) _____

Job Title _____

Marital Status _____ Date _____ Location _____

Spouse's Name _____

Name of father _____ Maiden Name of mother _____

Father's birthplace _____ Mothers birthplace _____

If a Veteran, Please Complete the Following:

Branch of Service_____ Serial Number_____

Rank at time of discharge_____ Discharge date/location_____

Memberships (business, social, cultural, union, fraternal, etc.)

Religious affiliation_____

ESTATE/FINANCIAL INFORMATION

Do you have a will or trust? Yes____ No____ Location_____

Attorney/POA_____

Banks_____

CD's Annuities_____

Life Insurance_____ Policy No._____

Health Insurance_____ Policy No._____

Hospital_____ Phone_____

Physician_____ Phone_____

Person With Power of Attorney_____

FUNERAL INSTRUCTIONS

Family/Friends who will be making funeral arrangements:

_____ Phone _____

_____ Phone _____

Immediate relatives to be notified:

_____ Phone _____

_____ Phone _____

_____ Phone _____

Funeral Home _____ Phone _____

Church Preference _____ Phone _____

Officiant _____ Phone _____

Disposition Preference: Burial _____ Cremation _____

Family Pick-up _____ Ship _____ Hold _____ Other _____

Service(s) to be held at: Mortuary _____ Church _____

Chapel _____ Graveside _____

Visitation before Service: Yes _____ No _____ Casket: Opened _____ Closed _____

Participating fraternal, military or service organizations: _____

Obituary: Yes _____ No _____ Newspapers: _____

Pallbearers (or name of individual who shall select the pallbearers) _____

Casket: _____ Vault _____

Flowers (type) _____

Favorite Bible verses/religious passages or literature to be read _____

Specific requests and/or music to be performed at service _____

Contributions/Memorials (if any) to be made to: _____

Service Leaflet: Yes _____ No _____

Ushers: Friends and Family _____ Mortuary or Church Personnel _____

Display Pictures or Other Memorabilia at Visitation (if one): Yes _____ No _____

Flag (if veteran) Folded _____ Draped _____ Given to _____

Specific clothing _____

Glasses? _____ Jewelry? _____

Cemetery property owned: Yes _____ No _____ Cemetery _____

Location: Space _____ Lot _____ Vault _____ Marker _____

City _____ State _____

Cremation: Niche _____ Urn _____ Urn vault _____

Additional Instructions: _____

The preceding information represents my personal wishes and desires for the purpose of assisting my family in making funeral and burial arrangements at the time of need. As of this date, if I have not already so provided, I would prefer that my family spend between \$ _____ and \$ _____ for my funeral and burial arrangements.

Signature _____ Date _____