

REMEMBRANCE & SERVICES MEMORANDUM

Instructions from _____

Section 1.01 My Intent

This Memorandum provides guidance to my Personal Representative(s), Family, and Friends with respect to handling of my remains and my desires for remembrance, if any. This memorandum is to be considered binding to the extent that my wishes should take precedence over those of any other person. However, I recognize that there may be circumstances that I cannot anticipate, so I request that all parties concerned act in accordance with my intent as set forth in this memorandum. I appoint my Personal Representative to carry out my last wishes and desires as expressed herein.

Section 1.02 Notices

I am providing the following information so that my family, friends and organizations with whom I am affiliated may be notified of my passing.

Upon my death, please notify the following family members of my passing:

Upon my death, please notify the following friends of my passing:

Upon my death, please notify the following organizations of my passing:

Upon my death, please notify the following newspapers, newsletters, listserves or Internet groups of my passing through an obituary notice:

Miscellaneous instructions:

Section 1.03 Personal Information

My Date of Birth: _____

My Place of Birth: _____

My Family:

Parents: _____

Siblings: _____

Spouse: _____

Children: _____

Grandchildren: _____

Others: _____

Schools attended, dates of graduation, degrees, honors, etc.:

Religious affiliations and offices held:

Civic organizations and offices held:

Military Service and Honors:

Professional & social organizations and offices held:

Awards, recognitions, accomplishments, etc.:

Other information:

Section 1.04 Handling of My Remains

I request that the following funeral home/crematory be used as I have not made advance preparations:

Name:

Address:

Contact the following funeral home/crematory for guidance on the advance preparations I made for handling of my remains:

Name:

Address:

Documents regarding my advance preparations are stored with my estate planning documents, or as otherwise indicated in my personal information section of my estate portfolio.

I would like the following treatment:

___ to be entombed.

___ to be buried.

___ to be cremated.

___ my body donated for scientific/medical purposes per my anatomical gift instructions.

I have already purchased a:

___ burial plot

___ mausoleum crypt

___ cremation niche for an urn

My remains will be kept at the following cemetery/mausoleum:

Name:

Address:

I desire that my remains be kept:

___ next to the following individual:

___ at the following location:

___ near the following individual(s):

Other instructions:

Section 1.05 Marker Selection

I made advance preparations for my marker or headstone.

I desire my marker or headstone to have the following designs, colors, emblems, etc.:

I desire the following engraving:

Section 1.06 Casket or Urn Selection

I desire that my casket be made of:

- metal
- wood
- with other considerations (cloth covered, decorated, etc.)

I desire that my urn be:

Section 1.07 My Remembrance Service

I desire my funeral/memorial service to be held at the following location or facility:

Location or Facility:

Address:

I desire the following type of remembrance:

- a funeral service with remains present.
- open casket.
- closed casket.
- a memorial service without remains present.
- a burial site service.

Any remembrance should:

- be open to the public.
- be open only to my family and close friends.

- be open only to _____
- include military honors.
- include a wake.
- no remembrance, but
- direct cremation.
- direct burial.

I would like to wear the following clothing:

I would like to be buried with the following jewelry and/or other personal items:

I would like the following items to be displayed in, on, or around my casket at my viewing, then retained for family or friends:

I request that my pastor, friend or family member officiate, and to work with my family and friends to select those to give a eulogy, homily, or words of comfort:

Name:

Address:

I desire to have the following musical selections played at my funeral/memorial service:

I desire to have the following scriptures, poems, readings, etc. read:

I desire to have:

- flowers at my funeral/memorial service.
- no flowers at my funeral/memorial service.
- memorial contributions made to the following organizations in lieu of flowers:

Section 1.08 Costs and Expenses

Handling of my remains and my remembrance should be:

- modest cost
- reasonable cost
- lavish cost

Other instructions:
