

III. Personal and family information:

Date of birth: _____ Place of Birth: _____

Citizenship: _____ Occupation: _____

_____ never married _____ Married _____ Widowed _____ Divorced

Full name of spouse: _____

Significant other: _____

Mother's full name: _____

Father's full name: _____

IV. My preference (if any) for a funeral director: _____

I would like:

_____ (a) a service with the casket present followed by a burial

_____ (b) immediate burial followed by a service

_____ (c) a service with the casket present followed by cremation

_____ (d) immediate cremation followed by a service

_____ (e) _____

The service to be held: at the church _____ at the funeral home _____

The following persons to serve as pallbearers:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Embalming to be omitted if possible: _____ yes _____ no

The casket to be: _____ inexpensive _____ modestly expensive _____ expensive

I wish to be buried in: _____

A viewing to be omitted: YES _____ NO _____

V. In lieu of flowers (yes _____ no _____) I would like memorial gifts to be made to:

_____ (a) _____

_____ (b) _____

_____ (c) _____

VI. In case of burial (of casket or ashes):

Cemetery: _____ Location: _____

VII. In case of cremation, I would like my ashes to be:

_____ buried in the cemetery named above _____ disposed of by the crematory.

Other: _____

VIII. My body or specified parts of it is to be donated for medical purposes:

_____ Yes _____ No

Primary Care Provider's name: _____

Telephone: _____ Address: _____

Donations to be made:

(a) _____

(b) _____

(c) _____

IX. In case of terminal illness I request that I be allowed to die without extraordinary

measures are taken to keep my body functioning: Yes _____ No _____

X. A post-mortem examination may be made if useful for medical knowledge and

requested by the hospital or attending primary care provider. Yes _____ No _____

XI. Minor children for whom, in the event of their deaths, I wish arrangements similar to my own.

Name: _____

Place of birth: _____ Date of birth: _____

Name: _____

Place of birth: _____ Date of birth: _____

Name: _____

Place of birth: _____ Date of birth: _____

Name: _____

Place of birth: _____ Date of birth: _____

XII. Legal and financial information:

location of my safe deposit box (es) and keys: _____

location of my Will and other important papers: _____

My Executor/ Executrix: Name: _____

Address: _____ Telephone: _____

Social Security #: _____ Location of card: _____

Military Serial #: _____ Location of discharge papers: _____

XIII. A brief biographical sketch which can be used for an obituary is enclosed.

Yes _____ No _____

I HEREBY REQUEST MY SURVIVORS TO CARRY OUT THE WISHES I HAVE DESCRIBED IN THIS DOCUMENT.

Signature: _____ Date: _____

Witness: _____

Address: _____

Distribution:

- A. Retain one copy, and give copies to persons named in paragraph I.
- B. DO NOT PLACE IN SAFE DEPOSIT BOX; document must be readily accessible at the time of death.
- C. Give a copy to the funeral director, if one has been named.

LOCATION OF IMPORTANT PAPERS

- 1. Birth Certificate: _____
- 2. Marriage certificate: _____
- 3. Baptismal certificate: _____
- 4. Social Security Card: _____
- 5. Military Discharge: _____
- 6. Insurance Policies: _____
Account #: _____ Issued by: _____
Account #: _____ Issued by: _____
Account #: _____ Issued by: _____
- 7. Stocks & Bonds: _____
- 8. Deeds to Property: _____
- 9. Title Papers for car: _____
- 10. Bank Accounts – Checking: _____
Savings: _____
- 11. Will: _____
- 12. Others: _____

This form is provided to you from: Deborah Drumm APN,C
Gerontological Nurse Practitioner
