

FUNERAL ARRANGEMENT DIRECTIONS

FUNERAL ARRANGEMENT DIRECTIONS OF

[_____]

These funeral arrangements are provided to ensure that my wishes are known, pursuant to A.R.S. §36-831. I direct my family to follow these directions.

DISPOSITION OF MY REMAINS

Donation:

- All suitable organs and body parts are to be used for transplants. (Legal permission is on my driver's license or other anatomical gift form.)
- Entire body to be donated to a medical school, preferably _____.
Note: These arrangements should be made by you in advance.
- No donation of organs or body parts.

Ultimate Disposition:

- I have already made arrangements. *If you have already made arrangements with a Funeral Home, you can continue to complete this form, but do not make decisions inconsistent with what you have already done. Attached a photocopy of your existing arrangements to this form, including all payment receipts. Where do you keep the original records of your existing arrangements?* _____

If I Want To Be Buried:

- Burial With embalming
- Entombment (Mausoleum) Without embalming, if possible

Instructions regarding casket: _____
_____.

Instructions regarding burial clothing, jewelry, objects to be placed in casket, etc.: _____
_____.

Preferred cemetery: _____
_____.

I own or have Registered rights in Lot # _____.

In this name: _____.
Note: make sure your ownership of the lot is properly registered with the cemetery governing body.

Space to be used: _____.

The grave marker should be inscribed as follows: _____
_____.

If I Want To Be Cremated:

- Cremation. The cremains (ashes) to be: _____
_____.
- Please select an inexpensive crematory.

FUNERAL HOME

- I have made arrangements with _____
A copy of agreement is attached.
- I prefer the following funeral home: _____
_____.
- My family may select a funeral home.

VISITATION

Note: Visitation is for the benefit of your family.

- I want visitation at: _____
_____.
- Open casket
- Closed casket
- No visitation

MEMORIAL SERVICE

- No memorial service
- Simple graveside service
- There is to be a memorial service
 - o With my body present
 - o With my body present, closed casket
 - o Without my body present.

My preference for the place of the service is: _____.

Person to officiate: _____.

Please read the following (Bible verses, poem, etc.): _____
_____.

Please play or sing the following songs: _____
_____.

Music to be provided by: _____
_____.

I request the rites of the following lodges, veteran's organizations, or other organizations: _____.

Contact: _____

Name: _____

Address: _____

Phone: _____

MEMORIAL CONTRIBUTIONS

Flowers are acceptable

No flowers

In lieu of flowers, request memorial contributions to: _____
_____ - OR-

Organization of donor's choice.

OBITUARY NOTICE

No obituary notice

Obituary notice, please place in: _____
_____.

Suggested Number of Death Certificates to Order: 5 / 10 / 15 / 20 / Other: _____

ADDITIONAL INSTRUCTIONS

_____.

These funeral arrangements indicate my wishes at this time. If I make revisions or additions, they will be dated and initialed.

Dated _____.

Note: You should give copies of this to your Agent or family members who will be responsible for making the funeral arrangements.

STATE OF ARIZONA)
) ss.
County of Maricopa)

_____ SUBSCRIBED, SWORN TO, AND ACKNOWLEDGED before me by
[_____], this _____ day of _____ 20____.

Notary Public

My commission expires:

P:_Forms\Checklists\Funeral for Website.doc