

# 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. Attach 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