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ADVANCE DIRECTIVE SOLUTIONS

MEMORIAL SERVICE AND FINAL INSTRUCTIONS

of

I have completed this Memorial Service and Financial Instructions form to provide instructions concerning my memorial service and insurance benefits.

Upon my death, I would like to be a) cremated, b) embalmed, c) other (specify):

I would like my remains handled in the following manner (ex: buried, ashes scattered, etc)

My final wishes I would like the following services (ex: full funeral service, memorial service, celebration of life, grave-side ceremony, wake or viewing):

I (have / do not have) a preference for a certain religious observance at my funeral. If yes, I would like the following religious observances to be made:

I (have / do not have) a preference for who officiates my service. If yes, I would like for the following individual to officiate my service:

I (would / would not) like for reading(s) and/or scripture(s) to be read at my service(s). If yes, I would like for the following reading(s) and/or scripture(s) at my service(s):

I (would / would not) like for person(s) to speak publicly at my service(s). If yes, I would like for the for the following person(s) to speak at my service(s):

I (would / would not) like for music to be played at my service(s). If yes, I would like for the following music to be played:

I (would / would not) like flowers at my service(s). If no, instead of flowers I would like for people to donate to the following charities or causes:

I (would like / would not like) for there to be an open casket at my funeral service.

I (would like / would not like) for pallbearers to serve at my service. If yes, I would like for the following to serve as pallbearers at my service:

I would like my obituary to include the following (for example: veteran, social group):

I (would / would not) like for certain newspapers or organizations to receive notice of my upcoming services. If yes, please notify the following:

I would like the following persons to be notified as soon as possible after I pass away:

I (have / do not have) disability insurance. If so, the following serves as my insurance agent(s) who have information concerning my disability insurance:

I (have / do not have) life insurance. If so, the following serves as my insurance agent(s) who have information concerning my life insurance:

I (have / do not have) a policy of insurance to cover the expense of my funeral/burial/cremation. If so, the following serves as my insurance agent(s) who has information concerning such insurance:

I (have / have not) made arrangements to prepay for my final instructions, as described in this document. If yes, I have made arrangements for prepayment with the following:

I (have / have not) executed a Last Will & Testament. If so, it may be found at the following location:

I (have / have not) executed a Trust. If so, it may be found at the following location:

I do not have either a Will or a Trust

I would like to share the following additional wishes:

I would ask that my loved ones, chosen agents, family members, and/or other responsible persons, take all necessary actions, if feasible, to carry out the above instructions.

Dated this the ____ day of _____, _____.

Signature Henry Fonda