



Funeral Directives Form

Full Name: _____

Date of Birth: _____

The information requested below will help the community honor your preferences in the event of your death. This form will be kept in your confidential file in the Superior's office.

Please review the following checklist, indicating your wishes regarding these various matters:

I Final Disposition

☐ Burial ☐ Cremation ☐ Donation

a. Specific directions (if any) for Organ Donation:

- ☐ I do not wish to be an organ donor
☐ Donate my entire body
☐ Donate any of my organs, tissues, or parts
☐ Donate parts, tissues or organs listed: _____

II Memorial Card

a. Is there a particular photo of yourself you'd like to use for your memorial card? If so, is it in your file or do you need one?

☐ On file ☐ Need one

b. What text would you like to appear on the card?

- ☐ Sucipe ☐ Anima Christe
☐ Prayer of St. Ignatius for Generosity

- ☐ Scripture: _____
- ☐ Other: _____

- c. Other places, if any (besides the usual houses of the Province) to which cards should be sent (e.g. to persons in your address book(s), if we can find them?). Please attach list if needed.

III Memorial Matters

a. Funeral:

i. Pallbearers (if needed):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

ii. Officers of the funeral Liturgy:

Presider: _____

iii. Homilist: (indicate two or three choices)

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

iv. Scriptural passages to be read:

v. Any specific music?:

vi. Gift Bearers:

- | |
|----------|
| 1. _____ |
| 2. _____ |

IV Additional Matters (regarding flowers, needs of family members, anything else?)

V Contact Information

Please attach a contact list of family and friends who should be personally notified upon your passing.