

# Remembrance and Services Memorandum of S2 Test

## My Intent

This Memorandum provides guidance to my Trustee, family, and friends with respect to the handling of my remains and my desires for remembrance, if any. This Memorandum is binding to the extent that my wishes should take precedence over those of any other person. I recognize that there may be circumstances that I cannot anticipate, so I request that all parties concerned act in accordance with my intentions set forth in this Memorandum. I appoint my Trustee to carry out my last wishes and desires as expressed in this Memorandum.

My estate plan utilizes a Revocable Living Trust, Pour-Over Will, and other documents. If this Memorandum conflicts with any provision of my primary estate planning documents, my Revocable Living Trust takes precedence, followed by my Pour-Over Will.

## Notices

I am providing the following information so that my family, friends, and the organizations I am affiliated with will be notified of my death.

Please notify the following family members of my death:

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Please notify the following friends of my death:

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Please notify the following organizations of my death:

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Please notify the following newspapers, newsletters, and listservs or Internet groups of my death through an obituary notice:

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Miscellaneous instructions:

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## Personal Information

My Date of Birth: \_\_\_\_\_

My Place of Birth: \_\_\_\_\_

My Family:

Spouse: S1 Test \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

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Children: \_\_\_\_\_

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Grandchildren: \_\_\_\_\_

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Others: \_\_\_\_\_

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Schools attended, dates of graduation, degrees, honors, etc.:

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Religious affiliations and offices held:

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Civic organizations and offices held:

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Military Service and Honors:

Professional and social organizations and offices held:

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Awards, recognitions, accomplishments, etc.:

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Other information:

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## Handling of My Remains

I request that the following funeral home or crematory be used as I have not made advance preparations:

Name:

Address:

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Contact the following funeral home or crematory for guidance on the advance preparations I have made for the handling of my remains:

Name:

Address:

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Documents regarding my advance preparations are stored with my estate planning documents, or as otherwise indicated in my Personal Information section of my Estate Portfolio.

I would like the following treatment:

\_\_\_\_\_ to be entombed.

\_\_\_\_\_ to be buried.

\_\_\_\_\_ to be cremated.

\_\_\_\_\_ my body donated for scientific medical purposes per my anatomical gift instructions.

I have already purchased a:

\_\_\_\_\_ burial plot.

\_\_\_\_\_ mausoleum crypt.

\_\_\_\_\_ cremation niche for an urn.

My remains will be kept at the following cemetery or mausoleum:

Name:

Address:

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I desire that my remains be kept:

\_\_\_\_\_ next to the following individual:

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\_\_\_\_\_ at the following location:

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\_\_\_\_\_ near the following individuals:

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Other instructions:

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## Marker Selection

\_\_\_\_\_ I have made advance preparations for my marker or headstone.

\_\_\_\_\_ I desire my marker or headstone to have the following designs, colors, emblems, etc.:

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I desire the following engraving:

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## Casket or Urn Selection

I desire that my casket be made:

\_\_\_\_\_ of metal.

\_\_\_\_\_ of wood.

\_\_\_\_\_ with other considerations (cloth-covered, decorated etc.).

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## My Remembrance Service

I desire my funeral/memorial service to be held at the following location or facility:

Name:

Address:

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I desire the following type of remembrance:

\_\_\_\_\_ a funeral service with remains present and

\_\_\_\_\_ an open casket.

\_\_\_\_\_ a closed casket.

\_\_\_\_\_ a memorial service without remains present.

\_\_\_\_\_ a burial site service.

Any remembrance should:

\_\_\_\_\_ be open to the public.

\_\_\_\_\_ be open only to my family and close friends.

\_\_\_\_\_ be open only to \_\_\_\_\_

\_\_\_\_\_ include military honors.

\_\_\_\_\_ include a wake.

\_\_\_\_\_ Instead of a remembrance, I desire:

\_\_\_\_\_ direct cremation.

\_\_\_\_\_ direct burial.

I would like to wear the following clothing:

\_\_\_\_\_  
\_\_\_\_\_

I would like to be buried with the following jewelry and other personal items:

\_\_\_\_\_  
\_\_\_\_\_

I would like the following items to be displayed in, on, or around my casket at my viewing, and then retained for family or friends:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I request that my pastor, priest, rabbi, imam, friend or family member officiate, and work with my family and friends to select those to give a eulogy, homily, or words of comfort:

Name:

Address:

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I desire to have the following musical selections played at my funeral or memorial service:

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I desire to have the following scriptures, poems, readings, etc. read:

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I desire to have:

\_\_\_\_\_ flowers at my funeral or memorial service.

\_\_\_\_\_ no flowers at my funeral or memorial service.

\_\_\_\_\_ memorial contributions made to the following organizations instead of flowers:

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## Costs and Expenses

The handling of my remains and my remembrance should be:

\_\_\_\_\_ modest cost.

\_\_\_\_\_ reasonable cost.

\_\_\_\_\_ lavish cost.

Other instructions:

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## Miscellaneous Instructions

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Dated \_\_\_\_\_, 20\_\_\_\_.

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