



REID AND RIEGE, P.C.

COUNSELLORS AT LAW

FUNERAL ARRANGEMENTS CHECKLIST

- Full and legal name: _____
 - Maiden name: _____
 - Any variations on your name: _____

- Legal residence: _____
 - Years at this address: _____

- Date/Place of birth: _____

- Sex: _____ Single: _____ Married: _____ Widowed: _____ Divorced: _____
 - If married, give full name of spouse: _____
 - Date and place of marriage: _____
 - If widowed, give full name of spouse and date and place of death: _____
 - If divorced, name of former spouse (address and phone, if still living): _____

- Name, address and phone of person you want to handle your funeral arrangements: _____

- Name, address and phone of funeral director you desire: _____

- If any pre-arrangements have been made, please indicate: _____
- Name, address and phone of clergy: _____
- Affiliation: _____

- Are you donating any part of your body to medical science: _____ yes _____ no

If yes, what institution should be notified (name, address and phone):

- Do you wish to be cremated and, if so, what do you wish to have done with your ashes:

- If you have a cemetery plot, where is it and what is the lot number and location of grave on plot: _____

- Location of Cemetery Deed: _____

- If you do not wish to use presently owned cemetery plot (or do not have one), where do you wish to be buried: _____

- What inscription do you wish on your grave marker: _____

- Instructions concerning selection of casket and vault: _____

- Do you wish to have "calling hours" at funeral home: ____yes ____no

If so, do you wish the casket to be opened or closed: _____

- List anything special you wish to wear or have buried with you: _____

Is the service, if you wish one, to be a Memorial Service: _____

Funeral Service: _____ Public: _____ Private: _____

Place of service: _____

Funeral Home: _____

Other: _____

- Special requests for the service: hymns, other music, readings, scripture readings, speaker:

- Kinds and colors of flowers: _____

- Name, address and phone of persons you would like to have as pallbearers:

SPECIFIC OBITUARY INFORMATION:

- Do you wish flowers to be sent: _____ yes _____ no

- Do you wish donations made in your memory: _____ yes _____ no

- To what charity: _____
- Address _____

- Anything special you wish to have placed (or not placed) in your obituary:

- Newspapers in which your obituary is to be placed:

- Educational background: _____

- If you are a veteran, please complete the following:
 - Location of Discharge Papers - DD214 _____
 - Rank or rating: _____
 - Organization or outfit: _____
 - Commendations received: _____

- Occupation and past positions of employment (attach an extra sheet, if necessary): _____

- Membership in clubs and organizations: (Check groups to be notified):

- Honors and Awards received: _____

- Any additional information or other personal desires which you would like your family, relatives, or friends to know:

