**Sample Funeral and Memorial Planning Checklist**

I hereby revoke any and all earlier funeral instructions previously executed by me, including the instructions portion only (concerning funeral, burial, cremation, etc.) set forth in any pre-planned or pre-paid burial arrangements.

The following information is for guidance at the time of my death. It is intended to assist

those handling my personal affairs. I have expressed or given permission to John R. Smith to express my preferences on certain subjects which, unless changed by unexpected circumstances, I hereby desire and request.

A. I wish my funeral to be: ❑ No service ❑ Public ❑Private ◼Family only

and John R. Smith to have charge of arranging complete details of same.

B. I prefer the services to be held at:

◼ Church ❑Cemetery ❑ Other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. The clergy or person I prefer to conduct the ceremony is: Rev. Michael Mahoney

D. I prefer: Calling Hours ◼ Yes ❑ No ❑Public ◼ Private

Embalming ◼ Yes ❑ No

Military Honors ❑ Yes ◼ No

E. I prefer: ◼ Burial ❑ Cremation ❑ Entombment

Final Location of (Burial): Santa Rosa Memorial Park Cemetery, Santa Rosa, California

Final Location of (Ashes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If scattered, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. I wish newspaper notices in: The Santa Rosa Press Democrat

G. I prefer: ❑ Contributions ◼ Flowers ❑ Both

Contributions to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H. I prefer my funeral expenses to total approximately: $ 10,000

I. Special or specific instructions or remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Jane M. Doe

Witnesses:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_