

**THINGS TO THINK ABOUT AND RESOLVE SO
YOUR FAMILY HAS A SIMPLE ROAD MAP**

What would you like to happen?

Burial _____
Cremation _____
Mausoleums _____
Columbarium _____

Where: _____

Services:

Casket _____
Cremation Urn _____
Distribution of Ashes _____
Flowers _____

Service at:

Church _____
Funeral Home _____
Cemetery _____

Where: _____

Which Pastor: _____

How many days: _____

Church Traditions:

Readings: _____

Readers: _____

Eulogists: _____

Pall Bearers: _____

Who: _____

Music: _____

Holy Communion: Yes _____ No _____

Special Requests: _____

Military Rites: _____

Lodge Rites _____

Memorial (without remains, or perhaps Cremation remains)

Where: Church: _____

Funeral Home: _____

Pictures: _____

Music: _____

Hobbies represented: _____

After the Service:

Flowers Donated: Yes _____ No _____

Where: _____

Funeral Procession: Yes _____ No _____

Number of Cars: _____

Graveside Service: Yes _____ No _____

Where: _____

Other Location Service: Where: _____

Funeral Breakfast/Life Celebration: Yes _____ No _____

Where: _____

Recommended Budget:

Funeral: \$ _____

Burial/Cremation/Casket: \$ _____

Church/Service: \$ _____

Life Celebration: \$ _____

What would you be like to be Remembered for in your life? Please use back or separate sheet.

What hobbies, organizations, community involvement, and associations were you involved with?

Where did you work? _____

What did you do? _____

What special things would you like mentioned?

Does the pastor know the name of your Spouse, children, grandchildren, education, special awards, military service? How long you were married? Some interesting facts of your life?

How active were you in your church? _____

What were these activities? _____

Signed: _____

Date: _____

Witness: _____