

My Burial and Funeral Wishes

STATEMENT OF INTENT: The purpose of this document is to outline my final wishes pertaining to my burial and funeral arrangements in the event of my death. I hereby request that my survivors execute the wishes that I have outlined in this document.

MY NAME: _____
First Middle Last

MY ADDRESS: _____
Street City State Zipcode

APPOINTMENT OF PERSON: I would like the following person(s) to be in charge of my burial and funeral arrangements:

1st Choice Name: _____ Telephone: _____

1st Choice Address: _____
Street City State Zipcode

1st Choice Email: _____

2nd Choice Name: _____ Telephone: _____

2nd Choice Address: _____
Street City State Zipcode

2nd Choice Email: _____

FUNERAL HOME: I would like the following Funeral Home/Funeral Coordinator:

Name: _____ Telephone: _____ Ext. _____

MY BURIAL AND FUNERAL *(Check all the apply)*

I do NOT want to be EMBALMED.

I do NOT want my body parts to be donated, removed or altered in any way for medical purposes.

I want to have a VIEWING of my body, in a funeral home or Catholic Church with the praying of the ROSARY.

I want to be BURIED in a cemetery on consecrated grounds, according to the traditional practices of the Catholic Church, and a priest to pray at my burial.

I want the cost of my casket to be: Inexpensive Moderate Expense Premium Expense

I want a CATHOLIC REQUIEM MASS said by a traditional Catholic Priest with a church choir.

I want flowers at my burial service.

MY CHURCH:

Church Name: _____ Telephone: _____

Church Address: _____
Street City State Zipcode

Priest's Name: _____ Telephone: _____

MY SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____