

Pre-Planning for My Funeral



Please print, complete and provide a copy to your lawyer, trustee, and executor of your trust and will. If you have any questions or need assistance, please contact Ison Law at 614.336.3083.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Full Name</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date Form Completed</p>
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TYPE OF SERVICE AND EVENT I WOULD LIKE

- Private
- For friends, family and relatives
- Viewing: Open Casket Closed Casket
- Funeral service, followed by burial or cremation
- Funeral service, followed by a graveside service or a service at the crematory, followed by burial or cremation
- Graveside-Only service or a service at the crematory, followed by burial or cremation
- A memorial service after burial or cremation
- Funeral service, in my home

Other events I would like to happen

- A viewing before my funeral
- A wake before my funeral
- A visitation before my funeral
- A reception or gathering after my funeral or memorial service
- Observe my religions mourning events

PERSONAL TOUCHES I WOULD LIKE

1st location of choice

2nd location of choice

Clergy / Officiator

Name of 1st choice for clergy / officiator

Name of 2nd choice for clergy / officiator

Pallbearers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Who I would like to deliver eulogies

1. _____
2. _____
3. _____
4. _____
5. _____

Who I would like to say prayers, poems, or other readings

1. _____
2. _____
3. _____

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Full Name _____	Date Form Completed _____
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PERSONAL TOUCHES – CONTINUED

The readings I would like them to deliver

Title/Author/Source

Songs, Hymns, or other music I would like played:

1. _____
2. _____
3. _____

Make a donation – to honor my memory I would like people to donate to

1. _____
2. _____
3. _____

I would like to invite the following groups, organizations, and clubs to my service

Name of Group / Name / Contact Info

I would like the following people, (whom my family may not know), to my funeral or service

Name / Contact Info

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____