**FUNERAL ARRANGEMENT WISHES DECLARATION**

**I. PERSONAL INFORMATION**

* Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. DECLARATION OF INTENT**

I, **[Your Full Name]**, being of sound mind and acting of my own free will, hereby state my wishes regarding my funeral and final disposition. I request that my family, executor, or designated agent adhere to my preferences to the extent permitted by law.

**III. DESIGNATED FUNERAL AGENT *(Optional but Recommended)***

I appoint the following individual as my **Funeral Agent** to make arrangements in accordance with my wishes:

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that the above-named individual is unable or unwilling to act, I designate the following alternate:

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. FUNERAL & BURIAL PREFERENCES**

1. **Type of Service:**
	* ☐ Traditional Funeral with Viewing
	* ☐ Memorial Service Only
	* ☐ Graveside Service
	* ☐ No Formal Service
	* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Final Disposition:**
	* ☐ Burial
		+ Preferred Cemetery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ Type of Burial: ☐ Traditional ☐ Green/Natural ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_
	* ☐ Cremation
		+ Ashes to be: ☐ Kept ☐ Scattered ☐ Buried ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_
	* ☐ Donation to Science (Specify organization if desired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Religious or Cultural Traditions to Be Observed:**
	* ☐ Yes (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* ☐ No Preference
4. **Preferred Funeral Home (if any):**
	* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Casket / Urn Preferences:**
	* Type/Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Music, Readings, or Special Requests:**
7. **Obituary & Public Notification Preferences:**
	* ☐ Public Obituary
	* ☐ Private Notification Only
	* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Pallbearers (if applicable):**
	* Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **Dress Code or Theme Requests (if any):**
10. **Flowers, Donations, or Charity in Lieu of Flowers:**
	* ☐ Flowers Permitted
	* ☐ Instead of flowers, donations should be made to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. FINANCIAL & LEGAL ARRANGEMENTS**

* **Prepaid Funeral Plan**: ☐ Yes ☐ No
	+ Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Life Insurance for Funeral Expenses**: ☐ Yes ☐ No
	+ Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Executor of Estate or Will (if applicable)**:
	+ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location of Will or Other Estate Documents**:

**VI. LEGAL STATEMENT & SIGNATURE**

I declare that this document represents my true and legally binding funeral wishes. I understand that this document may be superseded by state laws or next-of-kin decisions in certain cases, but I request that my family, friends, and legal representatives honor my stated preferences as closely as possible.

**Signed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_, 20, in the presence of the below witnesses.**

**Signature of Declarant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. WITNESSES & NOTARIZATION**

**Witness 1:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness 2:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public Section** *(To Be Completed by Notary)*

**State of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**County of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_**, 20**, before me, the undersigned notary, personally appeared **[Declarant’s Name]**, who acknowledged executing this document of their own free will.

**Notary Public Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Notary Seal/Stamp:**