



Funeral Consumers Alliance of Princeton

50 Cherry Hill Road, Princeton, NJ 08540 • 609-924-3320 • www.fcaprinceton.org

MY FUNERAL/MEMORIAL WISHES

My Full Legal Name: _____ Date of Birth: _____

Street: _____

Town: _____ State: _____ Zip: _____

When I die, these are the people who should be consulted immediately to make arrangements:

Designated Agent _____ Phone _____

Address _____

A Designated Agent is a legal document that allows you to choose the person who will be in charge of final arrangements. It is important to have one if you are not married but want your partner involved, if your survivors won't agree on body disposition (e.g. cremation) or funeral wishes (e.g. a religious service), if you want a home funeral or to not use a funeral director, etc. In NJ the Designated Agent form needs to be included in your will, but attach a copy to this page as well.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Clergy _____

Address _____ Phone _____

Make copies of this completed form and give to those listed above and other likely survivors.

Funeral Director _____

Address _____ Phone _____

I have pre-arranged I have pre-paid and the contract is attached

We encourage you to plan ahead, but strongly discourage pre-paying other than for Medicaid.

Body Disposition:

As a general guideline, I prefer arrangements to be: high end mid-range economical

I prefer burial

I want my body to be embalmed (rarely required by law).

I do not want my body to be embalmed (cooling required after 48 hours).

I want to be buried in this cemetery/mausoleum: _____

I have purchased a plot/space and the papers are attached.

I prefer cremation

I would like my ashes buried, sprinkled or preserved: _____

I have prearranged whole body donation to the following medical school for teaching or research:

Name _____ Phone _____

Address _____

Make an alternative plan (e.g. cremation) in the event that the school does not accept your donation.

Service:

I would like my survivors to make all funeral decisions that seem appropriate to them.

I would like a viewing: public private

to be held at: home place of worship funeral home other _____

I would like a funeral: public private

to be held at: home place of worship funeral home other _____

I would like a graveside service.

I would like a memorial service to be held when convenient for my survivors.

I have attached my preferences (if any) as to music, hymns, readings, participants or other details.

Other:

I would like memorial contributions to be made to the attached list of organizations

I have attached relevant information and/or a draft obituary

The following information is needed for the death certificate:

Social Security Number _____ Sex _____ Race _____

Date of Birth (DOB) _____ Birthplace (city, state, country) _____

Armed Forces Service (war and dates) _____ Marital Status _____

Surviving Spouse's Name (if wife, name prior to first marriage) _____

Father's Name _____ DOB _____

Mother's Maiden Name _____ DOB _____

Highest grade completed/degree _____ Occupation _____

Signature: _____ Date completed: _____