

ShareYourWishes.org

Preplanning Worksheet

This worksheet will help you outline some of the specific details in your final arrangements. Before you complete this worksheet, use the ShareYourWishes.org Reflection Journal, which will help you think about the most important details of your life. Answers from your Reflection Journal can be incorporated into your final arrangements on this worksheet.

Be as detailed as possible in your answers—it's the best way to ensure your life is celebrated the way you want it to be.

There are four important steps to ensuring your final arrangements are carried out according to your wishes.

- 1. Reflect**—Take time to consider your desires and options for your final arrangements. This includes taking time to reflect on your passions, beliefs and how you see yourself. You have probably already used the ShareYourWishes.org Reflection Journal to complete this process. If not, try it out before moving on to this worksheet.
- 2. Record**—Record your final wishes in a formal document and keep it in a secure place. This worksheet is a basic way you can do this. For more detailed final arrangements, consult with a planning counselor at your local funeral provider.
- 3. Share**—Share your wishes with loved ones and your estate planner or attorney to make sure they understand what you want. Provide them with a copy of your preplanning document or make sure they know where to locate it.
- 4. Support**—The best way to ensure your final arrangements are carried out as you've planned is to support them financially. Think about ways you can provide this support for your final plans.

Name: _____

Date of Birth: _____

Section 1: Burial/Cremation Preference

I prefer:

☐ Burial ☐ Cremation

If I prefer cremation, my preference for the timing of cremation is:

☐ Before a Visitation / Funeral Service ☐ After a Visitation / Funeral Service

If my preference is cremation before a visitation / funeral service, my preference regarding my cremated remains is:

☐ Present at Service ☐ Not Present at Service

If my preference is cremation after a visitation / funeral service, my preference regarding my body is:

☐ Present at Service ☐ Not Present at Service

If my body is to be present at a visitation / funeral service, regardless of whether my preference is burial or cremation, my preference regarding casket is:

☐ Open During Service ☐ Closed During Service

Section 2: Funeral Service

The following is an expression of my funeral service decisions.

Funeral Home / Mortuary Preferred:

Address:

Phone Number:

Place of Service:

☐ Funeral Home / Mortuary

☐ Church: _____

☐ Chapel at Cemetery / Memorial Park

☐ Other: _____

☐ Graveside

Religious Preference:

Preferred Celebrant / Clergyman:

Participating Organizations (*military, fraternal, lodge, etc.*):

Type of Casket:

☐ Wood

☐ Metal

☐ Cremation Coffin

☐ Other: _____

Flag:

☐ Folded

☐ Draped

☐ No Flag

Presented to: _____

Clothing Preference (*description, colors, from current wardrobe, new, etc.*):

Personal Accessories:

☐ Wedding Band ☐ Stays On or ☐ Return to: _____

☐ Eyeglasses ☐ Stay On or ☐ Return to: _____

☐ Watch ☐ Stays On or ☐ Return to: _____

☐ Other: _____ ☐ Stays On or ☐ Return to: _____

☐ Other: _____ ☐ Stays On or ☐ Return to: _____

Floral Preferences *(type, color or arrangement preferred)*:

Wake / Visitation:

☐ Yes ☐ No

☐ Public ☐ Private

Location: _____

Musical Selections:

Preferred Musicians:

☐ Organist: _____

☐ Soloist: _____

☐ Pianist: _____

☐ Bugler: _____

☐ Other: _____

Religious, Spiritual or Other Readings *(indicate passages, titles, authors as appropriate):*

Eulogy Delivered By:

Notations for Eulogy:

Newspaper Notices *(indicate names, cities of papers):*

Pallbearers:

☐ Yes ☐ No

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Honorary Pallbearers:

☐ Yes ☐ No

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Memorial Donations:

☐ Yes ☐ No

Donations to: _____

Section 3: Cemetery Service

Cemetery / Memorial Park Preferred:

Address:

Phone Number:

Interment / Inurnment Information:

Burial Options:

☐ Ground Burial

☐ Mausoleum

☐ Above-Ground Crypt

Cremation Options:

☐ Cremation Garden

☐ Cremation Niche

☐ Mausoleum

☐ Ground Burial

☐ Scattering Location: _____

☐ Cemetery Property Already Purchased

☐ Cemetery Property Not Purchased

Details, if any: _____

☐ Is a Family Lot

☐ Is Not a Family Lot

Family Name, if applicable: _____

☐ There is someone I would like to be buried near or next to in a companion lot.

Who: _____

☐ I prefer to be buried in a single lot.

Cremation Urns:

- ☐ Urn ☐ Keepsake Urn ☐ Scattering Urn

Description: _____

Memorialization / Headstone:

- ☐ Upright Monument ☐ Flat Marker ☐ Cremation Memorial Plaque

☐ Other: _____

Inscription (*indicate desired text, emblems, etc.*):

Additional Instructions:
