



Remembrance and Services Memorandum of _____

My Intent

This Memorandum provides guidance to my Trustee, Personal Representative, family, and friends with respect to handling of my remains and my desires for remembrance, if any. This memorandum is to be considered binding to the extent that my wishes should take precedence over those of any other person. However, I recognize that there may be circumstances that I cannot anticipate, so I request that all parties concerned act in accordance with my intent as set forth in this memorandum. I appoint my Trustee to carry out my last wishes and desires as expressed herein.

My estate plan utilizes a Revocable Living Trust, Pour-Over Will, and other documents. Should this memorandum conflict with any provision of my primary estate planning documents, i.e. my Revocable Living Trust or Pour-Over Will, my Revocable Living Trust shall take precedence followed by my Pour-Over Will.

Notices

I am providing the following information so that my family, friends and organizations with whom I am affiliated may be notified of my passing.

Upon my death, please notify the following family members of my passing:

Upon my death, please notify the following friends of my passing:

Upon my death, please notify the following organizations of my passing:

Upon my death, please notify the following newspapers, newsletters, listservs or Internet groups of my passing through an obituary notice:

Miscellaneous instructions:

Personal Information

My Date of Birth: _____

My Place of Birth: _____

My Family:

Spouse: _____

Parents: _____

Siblings: _____

Children: _____

Grandchildren: _____

Others: _____

Schools attended, dates of graduation, degrees, honors, etc.:

Religious affiliations and offices held:

Civic organizations and offices held:

Military Service and Honors:

Professional & social organizations and offices held:

Awards, recognitions, accomplishments, etc.:

Other information:

Handling of My Remains

I request that the following funeral home/crematory be used as I have not made advance preparations:

Name:

Address:

Contact the following funeral home/crematory for guidance on the advance preparations I made for handling of my remains:

Name:

Address:

Documents regarding my advance preparations are stored with my estate planning documents, or as otherwise indicated in my personal information section of my estate portfolio.

I would like the following treatment:

_____ to be entombed.

_____ to be buried.

_____ to be cremated.

_____ My body donated for scientific medical purposes per my anatomical gift instructions.

I have already purchased a:

_____ burial plot

_____ mausoleum crypt

_____ cremation niche for an urn

My remains will be kept at the following cemetery/mausoleum:

Name:

Address:

I desire that my remains be kept:

_____ next to the following individual(s): _____

_____ At the following location: _____

Other instructions: _____

Marker Selection

_____ I have made advance preparations for my marker or headstone.

_____ I desire my marker or headstone to have the following designs, colors, emblems, etc.

_____ I desire the following engraving: _____

Casket or Urn Selection

I desire that my casket be made of:

_____ Metal

_____ Wood

_____ With other considerations (cloth covered, decorated etc.)

My Remembrance Service

I desire my funeral/memorial service to be held at the following location or facility:

Name:

Address:

I desire the following type of remembrance:

_____ a funeral service with remains present.

_____ open casket.

_____ closed casket.

_____ a memorial service without remains present.

_____ a burial site service.

Any remembrance should:

- be open to the public
- be open only to my family and close friends
- be open only to: _____

_____ include military honors.

_____ Include a wake.

_____ No remembrance but:

_____ direct cremation.

_____ direct burial.

I would like to wear the following clothing: _____

I would like to be buried with the following jewelry and/or other personal items:

I would like the following items to be displayed in, on, or around my casket at my viewing, and then retained for family or friends: _____

I request that my pastor, priest, rabbi, imam, friend or family member officiate, and to work with my family and friends to select those to give a eulogy, homily, or words of comfort:

Name:

Address:

_____	_____
_____	_____
_____	_____

I desire to have the following musical selections played at my funeral/memorial service:

I desire to have the following scriptures, poems, readings, etc. read:

I desire to have:

- flowers at my funeral/memorial service.
- no flowers at my funeral/memorial service.
- Memorial contributions made to the following organizations in lieu of flowers:

Costs and Expenses

Handling of my remains and my remembrance should be:

- modest cost
- reasonable cost
- lavish cost

Other instructions: _____
