

Funeral Outline for: _____

Funeral Home Selected is: _____ Phone #: _____

Address of Funeral Home: _____ Name of funeral director is: _____

I have pre-**Planned** my funeral with the above named Funeral Home: Yes No

I have pre-**Paid** my funeral with the above named Funeral Home: Yes No

Type of Disposition: Burial Cremation Donation Burial at Sea

I desire that services be for relatives and friends or private.

Receive Friends: Yes No Undecided

If Yes, Place: Funeral Home Church Residence Other:_____

If Yes, will video tribute, memory tables, easels, register stand, register book, memorial and program folders be provided by: Funeral Home Church Family Other:_____

Will casket/urn be present: Yes No Undecided

If Casket is present it is my desire that it be open for visitation Yes No

Funeral/Memorial Service: Yes No Undecided

If Yes, Place: Funeral Home Church Residence Other:_____

If Yes, will video tribute, memory tables, easels, register stand, register book, memorial and program folders be provided by: Funeral Home Church Family Other:_____

Will casket/urn be present: Yes No Undecided

If Casket is present it is my desire that it be open prior to service Yes No

Will Casket/Urn be placed at a cemetery: Yes No Undecided

If Yes, Name of cemetery: _____ Who owns cemetery space: _____

Burial vault will be furnished by Funeral Home Cemetery

Gathering after service: Yes No Undecided

If Yes, Place: Funeral Home Church Residence Other:_____

Food and supplies to be provided by family

Food and supplies to be provided by Funeral Home

Food and supplies to be provided by Church

Food and supplies to be provided by other: _____

If person is a veteran, do you wish to have military honors provided at no charge:

Yes No Undecided (A copy of Military Discharge is required.)

Note: All Virginia veterans and their spouses are provided free grave/columbarium spaces, free open and close of grave, free burial vault and free grave marker in our State's Veteran Cemeteries. (Non veteran spouse does incur a nominal fee of approximately \$300)

I have made the following arrangements for anatomical gifts:

Driver License designated organ donor: Yes No

Other: _____

Service/Celebration outline for: _____

Clergy/Celebrant's Name: _____ Phone Numbers: _____

Scripture selections: _____

Music: Religious Contemporary

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Song Name: _____ Artist: _____

Other readings: _____

Religious memberships and beliefs are as follows:

Organizations that I would like to participate in my service are:

These are the individuals that I would like, if possible, to serve as my pallbearers:

Other Notes:

