

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:

FULL NAME OF PATIENT <i>(First) (Middle) (Maiden) (Last) (Suffix)</i>					SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF DEATH <i>(mo.) (day) (year)</i> (or today's date if completing form prior to death)		AGE years	DATE OF BIRTH <i>(mo.) (day) (year)</i>		MILITARY SERVICE Yes <input type="checkbox"/> No <input type="checkbox"/>	BRANCH: Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/>
NAME OF HOSPITAL OR INSTITUTION (If residence – describe: i.e. own home, son's home, etc.)					COUNTY (If Independent city, leave blank)	
CITY OR TOWN Inside City or Town limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			STREET ADDRESS OR RT. NO.			
STATE (OR FOREIGN COUNTRY) OF PATIENT'S RESIDENCE			COUNTY OF PATIENT'S RESIDENCE (If Independent city, leave blank)			
CITY OR TOWN OF RESIDENCE Inside City or Town limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			STREET ADDRESS or RT. NO. OF RESIDENCE		ZIP CODE	
NAME OF PATIENT'S FATHER <i>(first) (middle) (last) (suffix)</i>			NAME OF PATIENT'S MOTHER (include MAIDEN NAME) <i>(first) (middle) (maiden) (last)</i>			
RACE OF PATIENT	OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc... No <input type="checkbox"/> Yes <input type="checkbox"/> _____			EDUCATION (Specify only highest grade completed) Grade(0-12)____ GED____ College (1-4 or 5+)____ Assoc.Degree ____ Bach. Degree ____ Master ____ Phd____		
CITIZEN OF WHAT COUNTRY	BIRTHPLACE (state or country only)	NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank)		
SOCIAL SECURITY NUMBER	USUAL OR LAST OCCUPATION	KIND OF BUSINESS OR INDUSTRY		NAME OF BUSINESS OR INDUSTRY		
NAME OF ATTENDING PHYSICIAN			ADDRESS OF ATTENDING PHYSICIAN			
OFFICE PHONE NUMBER OF PHYSICIAN		OFFICE FAX NUMBER OF PHYSICIAN		CELL NUMBER OF PHYSICIAN		
EMAIL OF PHYSICIAN						
NAME OF RESPONSIBLE PERSON / INFORMANT			ADDRESS OF RESPONSIBLE PERSON / INFORMANT			
HOME PHONE OF RESPONSIBLE PERSON / INFORMANT			CELL NUMBER		OTHER NUMBER	
EMAIL OF RESPONSIBLE PERSON / INFORMANT						
IF THE RESPONSIBLE PERSON KNOWS OF ANYONE WITH EQUAL OR GREATER RIGHTS AS NEXT OF KIN, YOU MUST LIST THEM BELOW WITH CONTACT INFO.						
NAME: _____	RELATIONSHIP: _____		PHONE OR EMAIL: _____			
NAME: _____	RELATIONSHIP: _____		PHONE OR EMAIL: _____			
NAME: _____	RELATIONSHIP: _____		PHONE OR EMAIL: _____			
NAME: _____	RELATIONSHIP: _____		PHONE OR EMAIL: _____			
NAME: _____	RELATIONSHIP: _____		PHONE OR EMAIL: _____			

Obituary Information

(Print info as you want it to appear in newspaper)

Name: _____

Survived By:

Spouse: _____

Parents: _____

Daughters: _____

Sons: _____

Sisters: _____

Brothers: _____

_____ # Grandchildren: _____

_____ # Great-Grandchildren: _____

Others: _____

Preceded in death by: _____

In lieu of flowers the family suggest that contributions be made to: _____

Organizations that person belongs to: _____



What is a Funeral Designee

In many cases families are fragmented or scattered around the country and in order to carry out certain types of dispositions (i.e. cremation), state law requires that all persons with equal rights as next of kin have to sign the paperwork to order the disposition. (If no spouse, then all children must sign, if no children, then all siblings must sign, if no siblings, then all nieces and nephews must sign and etc...)

At the time of a death this process can become very stressful and if all parties are not able or are not in agreement then the expense of a lawyer and a Court Order will add time and cost to the cremation or funeral.

This designee allows a person to assign one person, even if it is not the legal next of kin, to carry out the arrangements for their disposition, (i.e. cremation, burial or donation). Some people think a legal "Will" can solve this issue but it does not, because a "Will" is not probated for at least two weeks after a death has occurred. Power of Attorney ends at the time of death and that person is not able to authorize disposition of the deceased.

This is the Code of Virginia pertaining to a funeral designee:

§ 54.1-2825. Person to make arrangements for disposition of remains.

- A. Any person may designate in a signed and notarized writing, which has been accepted in writing by the person so designated, an individual who shall make arrangements and be otherwise responsible for his funeral and the disposition of his remains, including cremation, interment, entombment, or memorialization, or some combination thereof, upon his death. Such designee shall have priority over all persons otherwise entitled to make such arrangements, provided that a copy of the signed and notarized writing is provided to the funeral service establishment and to the cemetery, if any, no later than 48 hours after the funeral service establishment has received the remains. Nothing in this section shall preclude any next of kin from paying any costs associated with any funeral or disposition of any remains, provided that such payment is made with the concurrence of any person designated to make arrangements.

**APPOINTMENT OF AGENT
TO DIRECT DISPOSITION**

I, _____, willfully and voluntarily
(Name of Principal)

make known my desire and do hereby declare:

1. Appointment of Agent. Pursuant to Section 54.1-2825 of the Virginia code, I hereby appoint(_____) (Name of Agent)

of _____,
(Address and Telephone Number of Agent)

as my Agent to undertake the following on my behalf.

2. Arrangements of Funeral and Disposition. I hereby authorize my Agent and direct my Agent to carry out the arrangements for my funeral and to determine the manner and place of disposition in accordance with the following:

- The preneed contract attached hereto and made part hereof.
- Written instructions which are attached to this Appointment of Agent form.
- According to the sole discretion of my Agent.

3. Authorization of Payment. On behalf of myself and my estate, I hereby authorize my Agent to undertake all necessary actions to carry out the above directions, including the execution of contracts with the funeral homes, crematories, cemeteries and other providing funeral and disposition services. My Agent shall not be personally liable for the cost of the funeral and disposition services by reason of carrying out these directions.

This advance directive shall not terminate in the event of my disability. By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and I understand the purpose and effect of this document.

Date: _____

Signature of Principal

COUNTY OF _____)
)SS:
COMMONWEALTH OF VIRGINIA)

Before me, a Notary Public, personally appeared _____,
the Principal identified in the foregoing document who did sign the foregoing
document this _____ day of _____, 20____.

Notary Public

My commission expires:

ACCEPTANCE BY AGENT

The undersigned hereby accepts the appointment of agent set forth above and agrees to carry out the directives as set forth above.

Signature of Agent

