Williams Allen Casey LPA
Counselors at Law

Instructions Regarding Final Arrangements

_____

Print Name

I am leaving these instructions to share my wishes regarding my final arrangements with my loved ones.

It is my desire that my loved ones and successor trustees follow these instructions. I recognize there are circumstances I cannot anticipate but hope these instructions will provide guidance when making decisions.

If any provision contained in these Instructions Regarding Final Arrangements conflicts with any provision contained in my Last Will and Testament, my Living Trust, or any Memorandum for Disposition of Bodily Remains, then the provision in my Last Will and Testament, Living Trust, or Memorandum for Disposition of Bodily Remains shall control.

[You may wish to share this document with your family and other loved ones, your Health Care Power of Attorney Agent, the Trustee of your Living Trust, clergy person and/or funeral home director. If you wish to make changes to this document after it has been signed and witnessed, please contact the law office of Williams Allen Casey LPA for assistance (216) 236-6480.]

© 2021, Williams Allen Casey LPA

Information for My Obituary & Death Certificate

My Date of Birth: _____

My Place of Birth: _____

My Spouse: _____

(Include maiden name if applicable)

Date of Marriage: _____

My Father's Name: _____

My Mother's Name (include maiden name) _____

My Siblings: _____

_____

_____

My Children (in birth order):

Child #1: _____ Spouse:_____

Their Children:

Grandchild:_____Spouse:_____

Grandchild:_____Spouse:_____

Grandchild:_____Spouse:_____

Grandchild:_____Spouse:_____

© 2021, Williams Allen Casey LPA

Child #2: _____ Spouse: _____

Their Children:

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Child #3 _____ Spouse: _____

Their Children:

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Child #4: _____ Spouse: _____

Their Children:

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

Grandchild: _____ Spouse: _____

My Great Grandchildren: _____

_____

_____

© 2021, Williams Allen Casey LPA

My Education and Affiliations

High School:_____City/State:_____

Undergraduate College: _____

Degree:_____Year:_____

Graduate College: _____

Degree:_____Year:_____

My principal occupation (what kind of work I did most of my life):

_____

Where I worked:

_____

My social, religious or philanthropic affiliations:

_____

_____

_____

Notable awards and accomplishments:

_____

_____

_____

© 2021, Williams Allen Casey LPA

Military Information

I was in the Armed Forces: _____Yes; _____ No

Branch of Service:_____Years Served:_____

Rank at Discharge:_____

Copy of Discharge Paperwork (DD214) available? _____Yes; _____ No

Where is it located? _____

If you need assistance securing a copy of military discharge paperwork, contact Williams Allen Casey, LPA at (216)236-6480

Military Awards and Decorations:

_____

_____

Other information for my obituary:

_____

_____

I would like to have my obituary submitted to the following:

Newspaper: _____Other: _____

Newspaper: _____Other: _____

© 2021, Williams Allen Casey LPA

Funeral Home/Crematory Arrangements

I prefer the following funeral home/crematory handle my arrangements:

Name: _____

I have pre-planned funeral arrangements: _____Yes; _____No

I have a life insurance policy assigned to pay for my funeral: _____ Yes; _____No

I have already **pre-paid** for my funeral arrangements: _____ Yes; _____No

If Yes, the documents regarding my pre-arrangements are located:

_____

My preference(s) regarding tributes/contributions:

☐ Floral
☐ Mass/Religious Service Dedication
☐ Donations to a specific organization(s) or purpose

_____

_____

Instructions on Disposition of Remains:

I would like (Please check):

☐ to be buried ☐ to be entombed ☐ to be cremated

☐ to donate my body to medical research/science ☐ other (specify below)

_____

_____

_____

© 2021, Williams Allen Casey LPA

Funeral/Memorial Service

☐ I wish to have a traditional funeral service (my remains present). At my funeral service, I would like to have:

_____ an open casket _____ a closed casket _____ no preference

☐ I wish to have a memorial service;

☐ I wish to have a graveside service;

☐ I do not wish to have any funeral or memorial service, but request:

_____ direct cremation ____ direct burial ____donation to research

☐ the following, in lieu on any the above:

_____

I would like my funeral service to be held at:

_____

I would like the following person to officiate my service:

_____

I would like the following family members or friends to give my eulogy or words of comfort at my funeral/memorial service:

_____

_____

I would like to have the following people serve as pall bearers:

_____

_____

© 2021, Williams Allen Casey LPA

I would like my funeral/memorial service to be:

☐ open to the public

☐ open only to my family and close friends

☐ open only to the following: _____

_____

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

Title: _____

Title: _____

Title: _____

Title: _____

I would like the following scriptures, readings, or poems read during my funeral/memorial service:

_____

_____

_____

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

_____

_____

© 2021, Williams Allen Casey LPA

Funeral Merchandise Preferences

Casket

☐ I have already selected my casket and details are included in my contract with the funeral home

☐ I have not selected a casket but would prefer (specify below):

Exterior Features:

_____wood _____ metal _____steel _____ cloth ____ no preference

Cremation Urn

☐ I have already selected my urn and details are included in my contract with the funeral home

☐ I have not selected an urn but would prefer:

____bronze _____ceramic_____wood _____no preference

Cemetery Information

I would like my final disposition to be made at the following cemetery or mausoleum:

_____

_____

I have already purchased a:

☐ burial plot ☐ mausoleum crypt

☐ cremation niche/columbarium

My paperwork for the cemetery is located: _____

© 2021, Williams Allen Casey LPA

Grave Marker

☐ I have already selected my headstone/grave marker, the name of the company and their contact information is:

_____

_____

Documentation regarding my headstone/grave marker is located:

_____

_____

☐ I have not selected my headstone/grave marker.

I would like my headstone/grave marker to be designed as follows (color, shape, size, flowers, emblems, etc.):

_____

_____

I would like my headstone/grave marker to be engraved as follows:

_____

_____

© 2021, Williams Allen Casey LPA

I have completed and signed the foregoing *Instructions Regarding My Final Arrangements* on the date indicated below my signature.

_____

Signature

_____

Print Name

Date: _____

© 2021, Williams Allen Casey LPA