

Final Wishes

Preparing your Loved Ones



Photo by: Lenny Weake - Forest Park, Springfield MA

Dear _____,

I am leaving this book for you to help with decisions regarding my death and dying. There is a bounty of information for you inside these pages. I hope you find it helpful. Please know that these are MY FINIAL WISHES as of....

_____.

This booklet was designed for me by friend Lenny Weake from,

Affordable Caskets and Urns
4 Springfield Street
Three Rivers, MA 01080

If you have any questions feel free to call him at
(413) 386-4946 or Lenny@spfldcasket.com

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Personal Information

Full Legal Name _____
First Middle Last

Current Address _____
Street City State Zip

Permanent Residence _____
Street City State Zip

Birth Information

Full Name at Birth _____
First Middle Last

Place of Birth _____
City State Zip Country

Date of Birth _____

Location of Birth Certificate _____

Father's Name _____
First Middle Last

Father's Place of Birth _____
City State Zip Country

Mother's Maiden Name _____
First Middle Last

Mother's Place of Birth _____
City State Zip Country

Legal Information

All of the information on this page is security sensitive. Please be sure to make a copy of your documents, keys, cards, to place in a lock box or secure location that your family will know so it is safe at all times.

Last Will and Testament

Yes

No

Date will was prepared _____

Location of original will _____

Name of Attorney _____

Address _____

Street Address

City

State

Zip

Health Care Directive

Yes

No

Location of original Health Care Directive _____

Health Care Proxy

Yes

No

Location of original _____

DNR/Do Not Resuscitate Order

Yes

No

Location of original DNR _____

Anatomical Gift / Organ Donor

Yes

No

Location of original _____

Important Contacts

Personal Representative

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

Attorney

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

Durable Power of Attorney

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

Important Contacts

Primary Care Physician

First Last

Address _____
Street City State Zip

Phone _____ Cell Phone _____

Funeral Home (please see detailed information on page __)

First Last

Address _____
Street City State Zip

Phone _____ Cell Phone _____

Church Name _____

Contact _____
First Last

Address _____
Street City State Zip

Phone _____ Cell Phone _____

Religious Denomination/Beliefs _____

Employer _____

Contact _____ Phone _____

Family Medical Information

Medical Conditions that Run in My Family

Family History

Genealogy / Family Tree Yes No Location _____

Mother's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

Father's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

Family History

Brother's/Sister's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

Brother's/Sister's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

Brother's/Sister's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

Family History

Brother's/Sister's Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Deceased Yes No Date of Death _____

Location of remains _____

MY CHILDREN

Name _____
First Middle Last

Current Address _____
Street City State Zip

Phone _____ Date of Birth _____

Place of Birth _____

Location of Birth Certificate _____

Location of Adoption Papers _____

Social Security Number _____

Marital Status Single Married Divorced Widowed

Spouse's Name _____

Grandchildren _____

Family History

MY CHILDREN

Name _____

First

Middle

Last

Current Address _____

Street

City

State

Zip

Phone _____ Date of Birth _____

Place of Birth _____

Location of Birth Certificate _____

Location of Adoption Papers _____

Social Security Number _____

Marital Status Single Married Divorced Widowed

Spouse's Name _____

Grandchildren _____

Name _____

First

Middle

Last

Current Address _____

Street

City

State

Zip

Phone _____ Date of Birth _____

Place of Birth _____

Location of Birth Certificate _____

Location of Adoption Papers _____

Social Security Number _____

Marital Status Single Married Divorced Widowed

Spouse's Name _____

Grandchildren _____

Pet Care

Pet's Name _____ Cat/Dog/Bird _____ Age _____

Medications _____

Name of Person that will Care for my Pet _____

Pet's Name _____ Cat/Dog/Bird _____ Age _____

Medications _____

Name of Person that will Care for my Pet _____

Pet's Name _____ Cat/Dog/Bird _____ Age _____

Medications _____

Name of Person that will Care for my Pet _____

Veterinarian _____

Address _____

Street City State Zip

Phone _____

Special Instructions _____

Financial Information

Accountant

First

Last

Address

Street

City

State

Zip

Phone

Cell Phone

Income Tax Records

Location of Records

Location of Previous Tax Returns

Tax Preparer

First

Last

Phone

Banking

Checking Account

Savings Account

Name of Bank

Address

Street

City

State

Zip

Name(s) on Account

Account Number

Location of Statements/Cancelled Checks

Financial Information

Banking

Checking Account

Savings Account

Name of Bank _____

Address _____
Street City State Zip

Name(s) on Account _____

Account Number _____

Location of Statements/Cancelled Checks _____

Credit Union

Checking Account

Savings Account

Name of Credit Union _____

Address _____
Street City State Zip

Name(s) on Account _____

Account Number _____

Location of Statements/Cancelled Checks _____

Safe Deposit Box

Name of Bank _____

Address _____
Street City State Zip

Name(s) on Account _____

Location of Key _____

Authorized Signer(s) _____

Insurance Information

Life Insurance Policies

Whole Life

Term Life

Name of Insurance Company _____

Address _____
Street City State Zip

Name(s) on Policy _____

Policy Number _____

Location of Policy _____

Beneficiary _____

Life Insurance Policies

Whole Life

Term Life

Name of Insurance Company _____

Address _____
Street City State Zip

Name(s) on Policy _____

Policy Number _____

Location of Policy _____

Beneficiary _____

My Final Wishes

When the time comes dear loved ones, please know these are my final wishes. I don't want you to have to make these decisions on your own.

Funeral Home

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

Prearrangements of Funeral Instructions Yes No

Location of Agreement / Documents _____

Prepayment for Funeral Expenses Yes No

Location of Agreement / Documents _____

Person in Charge of Making Funeral Decisions

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

Person to Conduct Service

First Last

Address _____

Street City State Zip

Phone _____ Cell Phone _____

My Final Wishes

Funeral Details

- Embalming Yes No
- Cremation Yes No
- Before Service After Service
- Ground Burial Yes No
- Entombment in Mausoleum Yes No
- Entombment in Columbarium Yes No
- Disposition to be decided by family Yes No

Name of family member _____

Phone _____

Name of family member _____

Phone _____

Choice of Casket

Wood Metal Cloth Covered

Open Casket Yes No

Items to be placed in casket with me _____

Clothing / Jewelry to be worn _____

Items to be removed before burial _____

My Final Wishes

Pallbearers

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Other Instructions (Scattering of the Ashes, Urn Placement, etc.)

Music Requests for Wake

Music Requests for Funeral

Scriptures / Readings / Eulogy

My Final Wishes

Flowers at Ceremony

Memorial Donations

Funeral Service

Wake Yes No

Casket Open Closed

Some funeral homes will request that you are embalmed if you choose to have an open casket for viewing purposes.

Reception Yes No

If yes, where would you like your reception _____

Special notes _____

My Final Wishes

Cemetery

Name of Cemetery _____

Address _____
Street City State Zip

Phone _____

Cemetery Instructions

I own a cemetery plot / Crypt / Niche Yes No

Location of deed _____

Location or Identification of Plot / Crypt / Niche _____

Date of Birth _____ Date of Death _____

Inscription _____

Printed Name Signature Date

Witness Printed Name Signature Date

The information contained specifically on pages 19-25 of this document should be copied and given to the Funeral Home for Funeral Arrangements.

3.09: Control Over Arrangements and Disposition of Human Remains

(1) Every registrant and licensed funeral establishment shall comply with the following rules with respect to control over funeral arrangements and disposition of human remains:

(a) If a licensed funeral establishment is a party to a pre-need funeral services contract, as defined in 239 CMR 4.01, for the benefit of the deceased person, and said contract is still in effect at the time of that person's death, the terms of that contract shall control the nature of the funeral goods and services to be provided, the manner in which funeral services are to be conducted for the deceased, and the final disposition of the deceased person's remains to the full extent provided in that contract. No licensed funeral establishment, nor any of its agents or employees, may cancel or materially alter any of the arrangements specified in that contract, even if requested to do so by a member of the deceased person's family or any other person, unless:

1. Compliance with the terms of the original contract would result in a violation of any applicable federal, state or local law or regulation; or
2. The funeral establishment is ordered to do so by a court of competent jurisdiction.

(b) Where there is no pre-need funeral services contract with the licensed funeral establishment in effect at the time of death for the benefit of the deceased person, or to the extent that any such contract does not fully specify the nature of the funeral arrangements to be provided, said funeral establishment and its agents or employees shall give effect first to any wishes of the deceased person regarding the nature of the funeral goods and services to be provided, the manner in which funeral services are to be conducted, and/or the final disposition of the deceased person's remains, which have been expressed in any written document which was signed by the deceased person in the presence of a witness. In the absence of an order from a court of competent jurisdiction to the contrary, said written document shall be sufficient legal authorization for implementation of the arrangements specified therein.

(c) To the extent that there is no pre-need funeral services contract in effect at the time of death for the benefit of the deceased person, and no other valid written document indicating the wishes of the deceased person with respect to the nature of the funeral goods and services to be provided, the manner in which funeral services are to be conducted, or the final disposition of the deceased person's remains, the funeral establishment and its agents or employees shall follow the directions of the deceased person's surviving kin, in the following order of priority, which is specified in M.G.L. c. 113, § 8:

1. the surviving spouse of the deceased;
2. the surviving adult children of the deceased;
3. the surviving parent(s) of the deceased;
4. the surviving brother(s) or sister(s) of the deceased;
5. the guardian of the person of the deceased at the time of his or her death;
6. any other person authorized or obligated by law to dispose of the remains of the deceased.

