

INFORMATION AND INSTRUCTIONS ON FINAL AFFAIRS

Name		Date	
Address		Soc. Sec. No.	
		Meeting	
I request that the Religious Society of Friends carry out the following upon my death:			
The information below may help the Religious Society of Friends carry out my wishes:			
1. Persons to notify immediately (next of kin, local contacts, executor, etc.). Use back of form for additional names.			
Name		Name	
Address		Address	
Telephone		Telephone	
Relationship		Relationship	
2. Member of Memorial Society? <input type="checkbox"/> No <input type="checkbox"/> Yes:			
Name		Address	
Telephone			
3. Disposal of Body: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Medical or Scientific uses (describe)			
If cremation, wishes for disposal of ashes			
If burial, preferred cemetery			
<input type="checkbox"/> Common plot <input type="checkbox"/> Family plot		Plot designation	
Location of deed		Location of release papers	
Preferred undertaker			
4. Burial Insurance: Company			Policy #
If there is no insurance, expenses will be met as follows			
5. Services desired (include pertinent details; use back of form if needed)			
<input type="checkbox"/> Memorial Meeting for Worship <input type="checkbox"/> Funeral <input type="checkbox"/> Other (describe)			
Special requests			
6. Flowers will be accepted <input type="checkbox"/> No <input type="checkbox"/> Yes; where:			
In lieu of flowers, contributions may be made to			
7. Special instructions if death occurs far from home			
8. Location of will		Location of insurance policies	
9. Instructions for care of minor children if there is no surviving parent			
10. Information for death certificate (must agree with legal records and policies)			
Full legal name			
Current address			
Date of birth		Birthplace	Citizenship
Occupation		Present Employer	
Employer's address			
Father's full name			
Mother's maiden name			
Signature			Date
Received for meeting by			Date