

Information and Instructions on Final Affairs

Name	Date
Address	Soc. Sec. No.
	Meeting
I request tht the Religious Society of Friends carry out the following upon my death:	
The information below may help the Religious Society of Friends carry out any 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 of 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		
Received for meeting by		