



FUNERAL AND BURIAL INSTRUCTIONS FOR

REV. \_\_\_\_\_

The following directives enable you to have some say in your own funeral. It is also a courtesy to your family and friends. The completed form should be sent in a sealed envelope to the Chancery Office, to the attention of the Chancellor, P. O. Box 23825, Green Bay, WI 54035-3825. Its return can be requested at any time. Copies can also be given to next of kin, the funeral home, and the executor of your Will. At the time of death, we will use the most recent document on file.

STATISTICAL

- 1. Last name, First, Middle
2. Date of Birth, Place of Birth
3. Name and Birthplace of Father
4. Name and Birthplace of Mother
5. Social Security Number
6. Physician, Telephone No.
7. Military Information: Service No., Place of entrance and discharge, Rank & branch of service, Location of discharge papers

LEGAL

- 1. Name and address of Attorney
Have you made a Will? Yes [ ] No [ ]
2. Location(s) of signed Last Will
3. Name of Executor(s) of Will
4. Location of Safe Deposit Box
5. Have you signed a statement in accord with the Uniform Anatomical Gift Act? Yes [ ] No [ ]

FUNERAL LITURGY

- 1. Church of Funeral Liturgy
2. Scripture Readings
3. Homilist: 1st Choice, 2nd Choice
4. Special Music
5. Location of alb, stole and chasuble for burial:

**BURIAL**

1. Name and address of Funeral Home or Mortuary \_\_\_\_\_  
\_\_\_\_\_

Have you made arrangements with this firm? Yes [ ] No [ ]

2. Cemetery or Mausoleum of Burial \_\_\_\_\_

Have you purchased a grave site or crypt? Yes [ ] No [ ]

If yes, location \_\_\_\_\_

**OTHER**

1. Newspapers which should contain death notice \_\_\_\_\_  
\_\_\_\_\_

2. Key persons to be notified:  
(Name and Relationship) (Address) (Telephone)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Names of surviving parents, brothers, sisters:  
(Name and Relationship) (Address) (Telephone)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Additional liturgical directives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Additional information and directives regarding liturgy and burial can be included on a separate sheet.)

(Complete and send to: Chancellor, P. O. 23825, Green Bay, WI 54305-3825)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_