After I’m Gone - A Planning Checklist

These are my wishes concerning the care of my earthly remains.

__ I would like, if possible, to help others by donating parts or all of my body:
   ___ Organ or tissue donation
   ___ Eyes only
   ___ Any organ or tissue of use
   ___ Donation of body for medical science
       ___ Already arranged with medical school ____________________________
       ___ Any medical school
       ___ OK with any donation arrangement

__ Religious objection to autopsy

I prefer: ___ Whole body burial       ___ Cremation

__ I have a cemetery plot. The papers can be found _______________________________

___ I prefer green burial, if possible

___ No vault or liner, if possible

___ I have made arrangements for a grave marker. The papers can be found ____________

Preference for what will be written on grave marker______________________________

______________________________

___ I have made arrangements with a funeral establishment. The papers can be found

________________________________________________________________________

Funeral preferences: ___ Embalming   ___ No embalming   ___ Private viewing

   ___ Public Viewing   ___ No viewing   ___ Private family service

   ___ Memorial service   ___ Funeral with casket present   ___ Graveside service only

Preferences for casket/coffin_______________________________________________
Person to lead service (clergy?) ________________________________

Church affiliation (if any) ____________________________________

In lieu of flowers, what? ______________________________________

Preferences for music at service ________________________________

Other preferences____________________________________________

Disposition of cremated remains_______________________________

__ I have an urn. It can be found ______________________________

Please DO at my funeral or memorial service: ____________________

___________________________________________________________

Please DON'T at my funeral or memorial service: ________________

___________________________________________________________

This person is in charge of arrangements: _______________________

__ I am a veteran and entitled to burial benefits. Location of discharge papers: __________

___________________________________________________________

Please notify these people: ____________________________________

___________________________________________________________

___________________________________________________________

Signature____________________________________________________ Date____________________

NOTE: Information about many of the after-death care options mentioned on this checklist can be found on the FCAME website: www.mdfunerals.org