



**A FINANCIAL LEGAL SERVICES CORPORATION**

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## FINAL ARRANGEMENTS QUESTIONNAIRE

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female

Have you arranged to donate your entire body to any institution?

Yes

No

Let me decide after we discuss this issue

If yes what is the name and address and telephone number of the institution?

Institution name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

Email: \_\_\_\_\_

No preference

Indicate your preference for burial or cremation.

I want a body burial

I want a body cremation

Let me decide after we discuss this issue

Enter the name and address of the mortuary or institution that you want to handle your burial or cremation.

Institution/Mortuary name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (please include cell phone numbers) \_\_\_\_\_

No preference

Do you want your body embalmed?

- I wish to be embalmed.
- I do not wish to be embalmed
- No preference
- Let me decide after we discuss this issue

Here you can decide the type of casket you wish to be buried in.

- No preference

Do you want a ceremony before your burial?

- I want one or more ceremonies before my burial
- I don't want any ceremony before my burial
- I have no preference
- Let me decide after we discuss this issue

Describe as many details as you wish of any ceremony to be held before you are buried.  
(Attach additional sheet if necessary)

- No preference

## **Pallbearers**

If you plan to have people carry your casket as part of the ceremony before you are buried, name them here:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Attach additional sheet if necessary)

- No preference

Describe the type of vehicle you wish to carry your body to the cemetery and gravesite.  
(Attach additional sheet if necessary)  
 No preference

Enter the name and address of the cemetery or other location you wish to be buried.

Institution/Mortuary name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_

Describe as many details as you wish of any graveside ceremony you want to accompany your burial. (Attach additional sheet if necessary)  
 No preference

## **Burial Markers**

If you have wishes about the type of marker, describe them below, or leave blank to indicate you have no preference, leaving the decision to your survivors. (Attach additional sheet if necessary)

No preference

# Your Epitaph

Enter your epitaph in the space below, if you have no preference leave it blank, leaving the choice of your words to your survivors. (Attach additional sheet if necessary)

No preference

Describe as many details as you wish of any ceremony to be held at a memorial ceremony. (Attach additional sheet if necessary)

No preference

Now that you have expressed your wishes about what should be done with your body, and about any ceremonies you want to be held, it is a good idea to name a person and an alternate to see that your wishes are carried out.

Enter the person of your first choice here.

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_

Enter the person of your second choice here.

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (please include cell phone numbers) \_\_\_\_\_  
Email: \_\_\_\_\_