

EXPRESSION OF PERSONAL WISHES
FOR ARRANGEMENTS AT TIME OF DEATH

This *Expression of Personal Wishes* is an opportunity to share with your survivors any preferences you may have regarding arrangements after your death. If you do not have a preference in a specific area, leave that item blank.

Name: _____ Religion (if any) _____

Street _____

Town: _____ State: _____ Zip: _____

At the time of my death, I wish:

1. That the following individuals be consulted:
(Indicate relationship, such as relative, friend, attorney, etc. Include address and phone number)

2. That the following clergy be called: (Name, address, phone number) _____

3. Funeral director:

- I have no preference
- I prefer that the following funeral director execute funeral arrangements:
(Name, phone number) _____
- I have made arrangements with or have signed an agreement with this funeral director.

4. Cemetery plot

- I have no preference.
- I prefer the following cemetery: _____
- I have purchased a cemetery plot at: _____

5. Memorial contributions: (Indicate one or more organizations, if desired)

Options:

- Burial
- I prefer that my body be embalmed
- I prefer my body not be embalmed. **[Note:** New Jersey law does not require embalming if cremation or interment takes place within 48 hours of death.]
- Cremation --- I would like my ashes to be preserved or disposed of in the following manner: _____

Donation

- Medical School for use in teaching or research.

[Important: You should make these arrangements for yourself prior to death. It is essential that you indicate an alternative arrangement, in the event that the medical school does not accept your body for any reason.]

I have made prearrangements with: _____ Phone: _____
Name of Medical School

- Eyes to an eye bank.
- Organs that may be useful to the living
 - I have signed a Uniform Donor card
- My body may be made available for autopsy.

Funeral or Memorial Service:

- I would like my survivors to make all funeral decisions that seem appropriate to them

OR

- I would like there to be a [public] [private] [no] viewing
- I would like there to be a [public] [private] [no] funeral service to be held at [place of worship] [funeral home] [home] [other _____]
- I would like there to be a graveside service.
- I would like there to be a memorial service, to be held on such date as shall be convenient for my survivors.
- I have listed my preferences as to music, hymns, readings, participants or other details on the attached sheets.

A reminder for you:

I have filed copies of this form with the following (include names and phone numbers):

Next-of-kin: _____

Friend/advisor: _____

Clergy: _____

Lawyer: _____

Related material:

The Funeral Consumers Alliance of Princeton will make available on request an Advance Directive, which includes both a Living Will and Designation of Health Care Representative.

The Funeral Consumers Alliance of Princeton will also provide *Putting My House In Order*. When it is filled in, it will provide survivors with more detailed information on legal, tax, insurance and estate matters after your death.

The following information, not always readily available, is required by statute for the Death Certificate. By filling out this form now, you can spare your family an additional burden at the time of your death.

Date of Birth _____ Social Security Number _____ / _____ / _____

Birthplace (city and state or foreign country) _____

Armed Forces Service (war and dates) _____ Serial Number _____

Maiden name of mother _____

Name of Father _____