



Funeral Consumers Alliance of Princeton

50 Cherry Hill Road, Princeton, NJ 08540 • 609-924-3320 • funeralnj.org

MY FUNERAL/MEMORIAL WISHES

My Full Legal Name: _____ Date of Birth: _____

Street: _____ Town: _____ State: _____ Zip: _____

*To designate a specific person to control your funeral arrangements, complete an **Appointment of Agent to Control the Funeral and Disposition of Remains** funeralnj.org/your-legal-rights. If you have not signed a designation form, NJ law provides the following order of priority: 1) spouse, 2) majority of adult children, 3) parents, 4) majority of adult siblings, 5) other next of kin. Reasons to appoint an agent can include: married but separated and prefer your spouse not be in charge, not married but prefer your partner not your children to make arrangements, your survivors won't agree with your wishes (cremation vs. burial, viewing, religion), you want a home funeral or to not use a funeral director and have a person who is willing to arrange that for you. If you designate an agent, attach form.*

Designated Agent _____ Phone _____

If no agent, people that I would like to be consulted in making my funeral/memorial arrangements:

Spouse _____ Phone _____

Child _____ Phone _____

Child _____ Phone _____

Clergy _____ Phone _____

Other _____ Phone _____

Make copies of this completed form and all attachments and give to those listed above.

Body Disposition:

As a general guideline, I prefer arrangements to be: high end mid-range economical

I prefer burial

I want my body to be embalmed (rarely required by law).

I do not want my body to be embalmed (cooling required after 48 hours).

I want to be buried in this cemetery/mausoleum: _____

I have purchased a plot/space and the papers are attached.

I prefer cremation

I would like my ashes buried, sprinkled or preserved as follows: _____

I have prearranged whole body donation to the following medical school for teaching or research:

Name _____ Phone _____

Make an alternative plan (e.g. cremation) in the event that the school does not accept your donation.

Funeral Director _____ Phone _____

Address _____

I have pre-planned with this funeral director I have pre-paid and the contract is attached

We encourage pre-planning, but discourage pre-paying other than to spend down for Medicaid.

Service:

I have no preferences and would like my survivors to do as they wish.

I would like a viewing: public private

to be held at: home place of worship funeral home other _____

I would like a funeral: public private

to be held at: home place of worship funeral home other _____

I would like a graveside service.

I would like a memorial service to be held when convenient for my survivors.

I have attached my preferences (if any) as to music, hymns, readings, participants or other details.

Other:

I would like memorial contributions to be made to the attached list of organizations.

I have attached relevant information and/or a draft obituary.

The following information is needed for the death certificate:

Social Security Number _____ Sex _____ Race _____ Date of Birth _____

Birthplace: City _____ State _____ Country _____

Armed Forces Service (war and dates) _____

Marital Status _____ Surviving Spouse's Name (and maiden name) _____

Father's Name _____ Date of Birth _____

Mother's Maiden Name _____ Date of Birth _____

Highest Grade Completed/Degree _____ Occupation _____

Signature: _____ Date signed: _____

Witness: _____ Date signed: _____