

ALUUC Confidential Record

Biographical information

Full Name: _____

Date of Birth: _____ Birthplace: _____

Mother's name: _____

Father's name: _____

Names/contact info of siblings: _____

Current marital status: _____

Name of spouse/partner: _____

Date of marriage/service of union: _____

Name(s) & contact information of children/other family members: _____

Name(s) & contact information of other significant persons: _____

I have a living will: yes no If yes, where is it? _____

Briefly, what does it specify? _____

Memorial/Funeral Preferences (please check all that apply)

____ I have made funeral/cremation arrangements with the following funeral home/agency:

phone number: _____ contact person: _____

____ I wish to have my remains cremated & have a memorial service

____ I would like to have a wake held before/after the funeral/disposition of ashes

____ I wish to have a memorial service with private burial before or after the service.

____ I wish to have a memorial service with **no** public graveside committal service.

____ I **do** wish to have a memorial service with a public graveside committal service

____ I desire that my ashes be scattered at the following location(s) : _____

____ I wish to have my ashes/remains interred/buried in _____ cemetery,
located at _____

I would like to have the memorial service conducted

____ at ALUUC ____ in my home ____ other: _____

I would prefer, in lieu of sending flowers, that my family & friends make a memorial gift
to: _____

I request that the following materials be used in the memorial service (please include title, author, etc.)

Readings/Poems:

Songs/hymns:

Other music:

Other:

On another sheet of paper (or email), please write what you would like mentioned during the eulogy.

Signature

Today's date