

TERRI L. NORTH  
LEGAL STRATEGIES, PC  
45700 Village Blvd  
Shelby Twp, MI 48315  
terri@mylegalstrategies.com  
(586) 783-8350  
(586) 532-4110 fax

## FUNERAL & BURIAL INFORMATION PLANNER

The following information should be provided to your Personal Representative under your Last Will and Testament or your Trustee under your Revocable Living Trust, to ensure your wishes regarding funeral, burial and other post-death arrangements are satisfied.

DATE: \_\_\_\_\_

### FUNERAL AND BURIAL INFORMATION

Mortician/Funeral Home: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Funeral Arrangements: \_\_\_\_\_ have been made \_\_\_\_\_ have not been made

Cremation: Yes \_\_\_\_\_ No \_\_\_\_\_

### TYPE OF SERVICE

*Provide any information regarding the type of service you want (e.g., traditional funeral, memorial service, open casket, closed casket, graveside service, etc.).*

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**LOCATION OF SERVICE**

Name of Church, Synagogue, Funeral Home: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**CLERGY**

Name of person to conduct service: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**MUSIC**

*Indicate any specific musical requests for your funeral service.*

My Music Choices: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MUSICIANS:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**PRAYERS AND READINGS**

*Indicate any prayers and readings you wish to have at your funeral.*

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**EULOGY**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**OTHER KEY SPEAKERS AND READERS**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**BURIAL SITE**

Name of Cemetery: \_\_\_\_\_ Plot No. \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

I wish to have my remains disposed of in the following manner: \_\_\_\_\_

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**OBITUARY AND TOMBSTONE**

My Obituary: \_\_\_\_\_ is already prepared \_\_\_\_\_ is not already prepared.

If not already prepared, this is information for an Obituary:

Spouse/Partner: \_\_\_\_\_ Date Married: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Sons and Daughters: \_\_\_\_\_

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Siblings: \_\_\_\_\_

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Place of Birth: \_\_\_\_\_

Additional information I would like to have in my Obituary: \_\_\_\_\_

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Inscription on Tombstone: \_\_\_\_\_

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**NEWSPAPERS**

Obituary notices should be published in the following newspapers:

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\_\_\_\_\_ I have attached a list of family and friend to be notified upon my death.

\_\_\_\_\_ I have not attached a list of family and friend to be notified upon my death.

**CONTRIBUTIONS**

\_\_\_\_\_ Contributions in lieu of flowers to be made to:

Name of Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_