



Print Your Name

**Letter of Instruction for Remembrance and Services**

**My Intent**

This Memorandum provides guidance to my Trustee, Family, and Friends with respect to handling of my remains and my desires for remembrance, if any. This memorandum is to be considered binding to the extent that my wishes should take precedence over those of any other person. However, I recognize that there may be circumstances that I cannot anticipate, so I request that all parties concerned act in accordance with my intent as set forth in this memorandum. I appoint my Trustee to carry out my last wishes and desires as expressed herein.

**Conflicts with My Living Trust or Pour-Over Will**

My estate plan utilizes a Revocable Living Trust, Pour-over Will, and other documents. Should this memorandum conflict with any provision of my primary estate planning documents, (i.e. my Revocable Living Trust or Pour-over Will), my Revocable Living Trust shall take precedence followed by my Pour-over Will.

**Notices**

I am providing the following information so that my family, friends and organizations with whom I am affiliated may be notified of my passing.

Upon my death, please notify the following family members of my passing:

Two columns of horizontal lines for listing family members to be notified.

Upon my death, please notify the following friends of my passing:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Upon my death, please notify the following organizations of my passing:

<hr/>
<hr/>
<hr/>

Upon my death, please notify the following newspapers, newsletters, listservs or Internet groups of my passing through an obituary notice:

<hr/>
<hr/>
<hr/>

Miscellaneous instructions regarding notification:

<hr/>
<hr/>
<hr/>

**Personal Information**

My Date of Birth: \_\_\_\_\_

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

My Family:

Spouse: \_\_\_\_\_

Parents: \_\_\_\_\_

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

Children: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Others: \_\_\_\_\_

Schools attended, dates of graduation, degrees, honors, etc.:

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

Social organizations and offices held:

---

---

Employment history:

---

---

Professional organizations and offices held:

---

---

Religious affiliations and offices held:

---

---

Civic organizations and offices held:

---

---

Military Service and Honors:

---

---

Awards, recognitions, accomplishments, etc.:

---

---

Other information to be included in my obituary:

---

---

---

---

Please include photograph (either the attached photo or the photo matching the following description): \_\_\_\_\_

---

This photo is stored in the following location: \_\_\_\_\_

---

**Handling of My Remains**

I request that the following funeral home/crematory be used as I have *not* made advance preparations:

Name:

Address:

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

I request that the following funeral home/crematory be used as I *have* made advance preparations. Contact the following funeral home/crematory for guidance on the advance preparations I made for handling my remains:

Name:

Address:

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

I would like the following treatment:

\_\_\_\_\_ to be entombed.

\_\_\_\_\_ to be buried.

\_\_\_\_\_ to be cremated.

\_\_\_\_\_ My body donated for scientific medical purposes per my anatomical gift instructions.

If cremated, I would prefer:

\_\_\_\_\_ To have a funeral/memorial service

\_\_\_\_\_ With my remains present as described below and only thereafter be cremated

\_\_\_\_\_ With no remains present

\_\_\_\_\_ Not to have a funeral/memorial service

\_\_\_\_\_ With direct cremation

\_\_\_\_\_ With direct burial

I have already purchased a:

\_\_\_\_\_ burial plot

\_\_\_\_\_ mausoleum crypt

\_\_\_\_\_ cremation niche for an urn

My remains will be kept at the following cemetery/mausoleum:

Name:

Address:

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

I desire that my remains be kept:

\_\_\_\_\_ next to the following individual:

\_\_\_\_\_

\_\_\_\_\_ at the following location:

\_\_\_\_\_

\_\_\_\_\_ near the following individual(s):

\_\_\_\_\_

---

Other instructions: \_\_\_\_\_

---

**Marker Selection**

\_\_\_\_\_ I made advance preparations for my marker or headstone.

\_\_\_\_\_ I desire my marker or headstone to have the following designs, colors, emblems, etc.

---

---

---

---

\_\_\_\_\_ I desire the following engraving: \_\_\_\_\_

---

---

---

**Casket or Urn Selection**

I desire that my casket be made of:

\_\_\_\_\_ Metal

\_\_\_\_\_ Wood

\_\_\_\_\_ With other considerations (cloth covered, decorated etc.)

---

---

**My Remembrance Service**

I desire my funeral/memorial service to be held at the following location or facility:

Name:

Address:

---

---

I desire the following type of remembrance:

- a funeral service with remains present.
- open casket
- closed casket.
- a memorial service without remains present.
- a burial site service.
- no funeral or memorial service but request:
  - direct cremation
  - direct burial

Any remembrance should:

- be open to the public
- be open only to my family and close friends
- be open only to \_\_\_\_\_
- \_\_\_\_\_
- include military honors.
- include a wake.

I would like to wear the following clothing:

---

---



I would like to be buried with the following jewelry and/or other personal items:

---

---

---

I would like the following items to be displayed in, on, or around my casket at my viewing, and then retained for family or friends:

---

---

---

I request that my pastor, priest, rabbi, imam, friend or family member officiate, and to work with my family and friends to select those to give a eulogy, homily, or words of comfort:

Name:

Address:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I desire to have the following musical selections played at my funeral/memorial service:

---

---

---

I desire to have the following scriptures, poems, readings, etc. read:

---

---

---

---

I desire to have:

\_\_\_\_\_ flowers at my funeral/memorial service.

\_\_\_\_\_ no flowers at my funeral/memorial service.

\_\_\_\_\_ Memorial contributions made to the following organizations in lieu of flowers:

---

---

I desire to have the following individuals to be my active pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

**Costs and Expenses**

Handling of my remains and my remembrance should be:

\_\_\_\_\_ modest cost

\_\_\_\_\_ reasonable cost

\_\_\_\_\_ lavish cost

Other instructions:

---

---

---

---

---

---

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Signature

This document was prepared by:  
Brad A. Galbraith  
Galbraith, PLLC.  
9045 Strada Stell Court, Suite 106  
Naples, FL 34109