



# *Wishes & Prayers*

*Assistance to My Loved Ones Upon My Death*

*Making decisions about what is to happen  
after our death can free us to live fully now.  
The following pages may assist you in your  
end of life planning.*

*Celia's Place in Homes Park*

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Spouse/partner/contact person \_\_\_\_\_

Phone Number \_\_\_\_\_

Personal rep designated to make decisions

\_\_\_\_\_, Phone number \_\_\_\_\_

I am survived by (family, lifelong friend, etc) \_\_\_\_\_

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

I authorize \_\_\_\_\_ to make final  
decisions. These requests are my preferences.

Copies of this form have been discussed  
with \_\_\_\_\_

\_\_\_\_\_.



## Burial Information

Mortuary Name, phone number, location \_\_\_\_\_  
\_\_\_\_\_

I wish to be cremated \_\_\_\_\_yes \_\_\_\_\_no

Urn Type \_\_\_\_\_

I prefer burial in a casket \_\_\_\_\_yes \_\_\_\_\_no

I prefer a green burial \_\_\_\_\_yes \_\_\_\_\_no

Details \_\_\_\_\_

Coffin specifications:

\_\_\_\_\_ least expensive \_\_\_\_\_ midrange \_\_\_\_\_ elaborate

Specific clothing I wish to be dressed in \_\_\_\_\_

I prefer burial in a cemetery \_\_\_\_\_yes \_\_\_\_\_no

Cemetery Name/location \_\_\_\_\_

Location of Deed \_\_\_\_\_

I prefer my ashes interred at \_\_\_\_\_

Memorial Garden \_\_\_\_\_ Columbarium \_\_\_\_\_

Church sacred ground \_\_\_\_\_ Other \_\_\_\_\_

I prefer placement of a commemorative plaque at this location \_\_\_\_\_

My plan is recorded with church, burial ground, etc \_\_\_\_\_yes \_\_\_\_\_no

Autopsy Choice:

None, unless required by law \_\_\_\_\_

Yes, if helpful to survivors or medical research \_\_\_\_\_

I would like visitation of my body \_\_\_\_\_yes \_\_\_\_\_no

If yes, location \_\_\_\_\_

I wish to be embalmed in full by mortician \_\_\_\_\_

I do not wish to be embalmed, if possible, (Oregon Law requires  
burial within 48 hrs without embalming) \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ wish an open casket at the funeral home.

## The Celebration of Life/Memorial Service

I would like it to be located at Church/Temple/ Holy/Sacred place/Mortuary/  
Other \_\_\_\_\_

I'd prefer a graveside service \_\_\_\_\_yes \_\_\_no

Preferred spiritual leader \_\_\_\_\_

In addition to the homily, I would like \_\_\_\_\_ to speak briefly  
at the service.

Ushers, Pall Bearers, Honorary Pall Bearers \_\_\_\_\_

I would like Military Honors \_\_\_\_\_yes \_\_\_no

I would like Masonic ritual \_\_\_\_\_yes \_\_\_no

I would like a reception \_\_\_yes \_\_\_no Preferred food \_\_\_\_\_

### Readings and Music

I'd like these readings at my service \_\_\_\_\_

I'd like this music at my service \_\_\_\_\_

I'd like Holy Communion \_\_\_\_\_yes \_\_\_no

Favorite prayers \_\_\_\_\_

I authorize \_\_\_\_\_ to make final decisions about funeral details  
with the Officiant. These are my preferences and the person(s) listed above  
may make any necessary changes in accordance with their best judgement  
and the circumstances surrounding my death. Copies of these instructions  
have been given to: \_\_\_\_\_

### Memorial Donations

In lieu of flowers I request memorial donations go to: \_\_\_\_\_

### ADDITIONAL HELP FOR FAMILY

Dr. Ira Byok, National leader in end-of-life care suggests 5 important things  
to discuss/complete with those you care about before death. These are to  
say: I'm sorry....I forgive you,...thank you...I love you...goodbye.

The Five Wishes document also offers opportunity to tell specific things to  
your loved ones. These are available on-line.

A message to my family and friends:

(You may consider adding your thoughts on your values, children, partners,  
pets, your faith, friends, work, feelings about death, your hopes for them,  
etc. Attach additional pages if needed)

KEEPING IT SIMPLE -- THINGS TO KNOW

Doctors name /phone number \_\_\_\_\_

Spiritual affiliation \_\_\_\_\_

Spiritual Leader Clergy/phone number \_\_\_\_\_

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

Parents Names and birth locations \_\_\_\_\_

Date/Place of Bar/Bat Mitzvah/ Baptism/confirmation \_\_\_\_\_

Power of Attorney name/Phone \_\_\_\_\_

Health Care Power of Attorney/Phone \_\_\_\_\_

Attorney/phone \_\_\_\_\_

Accountant/phone \_\_\_\_\_

Military Information \_\_\_\_\_

Fraternal organizations \_\_\_\_\_

School Info \_\_\_\_\_

Clubs \_\_\_\_\_

Employment info \_\_\_\_\_

Volunteer history \_\_\_\_\_

Childrens names/phone numbers \_\_\_\_\_

I have dependent children and have assigned legal custody to \_\_\_\_\_  
Phone \_\_\_\_\_

I have asked \_\_\_\_\_ Phone \_\_\_\_\_  
to assume the care of my beloved pets at my death.

KEY DOCUMENTS

Location and/or Access Person

Health Care directive \_\_\_\_\_

Columbarium/cemetery site \_\_\_\_\_

Will location/authoring attorney \_\_\_\_\_

Executors name/number \_\_\_\_\_

Veterans records/ID number/Date of service/Discharge papers location

\_\_\_\_\_

Birth/Marriage certificates \_\_\_\_\_

Location of Social Security Number \_\_\_\_\_

Computer password \_\_\_\_\_

Special Files on Computer to be accessed \_\_\_\_\_

Location of other passwords \_\_\_\_\_

Insurance policies \_\_\_\_\_

Bank accounts/Credit Union \_\_\_\_\_

Passbook and account numbers \_\_\_\_\_

Brokerage Accounts/Brokers Name \_\_\_\_\_

Pension Plan \_\_\_\_\_

Income Tax records \_\_\_\_\_

Auto Registration papers \_\_\_\_\_

Social Security Number \_\_\_\_\_

Real Estate Titles \_\_\_\_\_

Safety Deposit Box or Home Safe \_\_\_\_\_



Obituary (form available from mortuary) \_\_\_\_\_

Funeral Planning Form \_\_\_\_\_

**Additional Notes**

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