

My Final Wishes

Name: _____

I (full name), _____

This document does not in any way contravene **My Last Will and Testament**, but is intended to give readily accessible instructions and necessary information to those who will assist in my Final Arrangements.

Included in this document are:

- My Vital Statistics
- My Wishes Regarding My Funeral
- Location of My Last Will and Testament
- Location of Other Important Documents

I revoke all former Final Wishes for **Distribution of my personal property NOT listed in My Will**, given by me at any time, this is for my Family and Executor\Executrix at the time of my Death:

Vital Statistics

Social Insurance Number: _____ Date\Place of Birth: _____

Status Number and Band: _____

Maiden Name: _____ Spouse: _____

Veterans Information: _____

Father: _____ Mother(Maiden Name): _____

CHILDREN

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

GRANDCHILDREN

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

SIBLING(S)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Funeral Home (Use): _____

Place of Service: _____

Type of Service: _____

Clergy: _____

Type of Casket: _____ Purchase _____ Homemade Glasses\Jewelry On or Off

Location of Important Documents

My Last will and Testament is _____

Birth Certificate: _____ Marriage Certificate: _____

Divorce\Legal Separation Papers are: _____

Funeral Expense Papers: _____ Policy Number: _____

Property Ownership Papers are: _____

Lawyer: _____ Physician: _____

Contacts for Benefits from Retirement Funds: _____

Safe Deposit Box is: _____

Banking Information: I have Bank Accounts at:

Bank: _____ Account # _____

Bank: _____ Account # _____

Bank: _____ Account # _____

PENSION

My Pension information is with: _____ Policy Number _____

Contact Name and Telephone: _____

INSURANCE POLICIES

Life Insurance with: _____ Policy Number _____

Telephone: _____

Life Insurance with: _____ Policy Number _____

Telephone: _____

PASSCODES/PASSWORDS:

Product _____ Passcode/Password _____

FUNERAL ARRANGEMENTS

Burial _____ Cremation _____

CREMATION: Rent a casket from Funeral Home for Funeral Services

I want my Ashes to be disposed of in the following manner:

Buried _____ Scatter My Ashes At _____

I want to be BURIED

I want to be: In the _____ Cemetery

if possible beside or near _____

With A Wake and Full Service

Hire people for the following:

- 1. Someone to Build Casket and Outside Box
- 2. Someone to Dress me
- 3. Grave Diggers
- 4. Bookkeeper
- 5. Memorial Cards, Posters (Wake + Funeral)
- 6. Day and Night Drivers
- 7. Day and Night Servers
- 8. Cooks

I want my wake held at (address): _____

FOR Potlatch I want my Potlatch to be: _____ Regular Potlatch _____ Dinner Potlatch

I want my Potlatch to be: _____ Right After Funeral _____ 1-Year After Death

These are my Final Wishes.

Signature

Date