ARRANGEMENTS CHECKLIST (For Planning Your Own Funeral)

Preferred Funeral Ho	me/Mortuary	
Address		
Phone Number		
Cremation or Burial _		
Cemetery or Other Re	sting Place	
Address _		
Phone Number		
Memorial Contributio	ns to	
-		
-		
-		
-		
Address _		
Other Requests		
Attorney Name		
Address		
Phone Number		
Location of Will		