A Personal Pre-Planning Funeral Guide For

Provided by:



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To those I love
I leave with you the following wishes.
I realize that circumstances may not permit for all or any of my desires to be carried out.
My request is that you will honor these wishes, as much as possible, as you remember me.
I trust that the following will be a source of reassurance and comfort in the days ahead.
It is my desire that this will also help to avoid any confusion or uncertainty and unnecessary expense.
Love,
Signed
Date

PERSONAL RECORD

Before burial or cremation can take place, it is necessary to have the following vital information obtained for the death certificate, which is filed and registered with the Maricopa County Office of Vital Registration.

FULL NAME:						
	First	Middle		Last		Suffix
BIRTH DATE:		P	LACE:			
			City		State	County
WERE YOU EVER	IN THE U.S. A	ARMED FOR	CES? Yes⊑	ì No □		
MARITAL STATUS:		□Never Marr □Separated				
SPOUSE (if wife, gi	ve maiden na	me):				
YEAR YOU WERE	MARRIED:		CITY/STATI	≣:		
SOCIAL SECURITY	/ NUMBER:_					
EDUCATION (Specify	/ highest grade co	mpleted or degree	earned)			
USUAL OCCUPATI	ON (Give kind of	work done during	most of working	life – do not sa	ay retired)	
HISPANIC ORIGIN If yes, specify: Cu	OR DESCEN uban, Mexican, Pu		_			
RACE YOU CONSI	DER YOURS	ELF TO BE:				
Specify: Caucasion, Asian	, American Indian,	Black/African-Am	erican, Hispanic,	Other (name)		
RESIDENCE:	er Street		0:4:/0	-+-/0+-+-	7:	- O- d-
Numbe			City/Cour	ity/State	∠اإ	p Code
RESIDENCE INSID	E CITY LIMIT	S? Yes□ N	IO 🗆			
LENGTH OF TIME	IN ARIZONA:					
FATHER'S NAME:_		M				
		IV	iddle		Last	
MOTHER'S NAME:	First	M	liddle		Maiden	Name
BURIAL or CREMA	TION (please circ	le one)				
NAME OF CEMETE	ERY:					
PRIMARY PHYSICI	AN					
	Name				Phone	

OBITUARY INFORMATION

The following are hobbies and/or personal interests I would like included in an obituary:			
Clubs, lodges, membership in various organizations, c	hurch affiliation and activites:		
Military service:			
Special recognition and/or achievements:			
Other information I would like to be included:			
Survived by (additional pages may be added): Name Relationship	City & State		
Pre-deceased by (additional pages may be added):			
Name Relationship	Year of death		

CEREMONY OF REMEMBRANCE

	☐ MILITARY Ceremony☐ LODGE Ceremony☐ OTHER Ceremony	
	☐ LODGE Ceremony	
	_	
	☐ MILITARY Ceremony	
	_	
	l prefer	
	-with burial or cremation preceding	ng (please circle one)
	I prefer only a MEMORIAL ceremony at	
Ц	I prefer only a GRAVESIDE ceremony nei	d at
П	I prefer only a GRAVESIDE ceremony hel	d at
	☐ No viewing/no open casket☐ It doesn't matter	
	• •	
	☐ Immediate family only	
	☐ Family and friends only	
	☐ Viewing only at the funeral home	prior to ceremony
	☐ An open casket	
	I prefer	
	_	
	☐ held at church (please specify):	
	☐ held at Avenidas Funeral Chapel	
	·	

I would like the following Bible verses read (I prefer	version of the Bible
Please include the following readings or poetry (these can be attack	ched):
BURIAL/CREMATION/MARKER INSTRUC	CTIONS
My preference regarding final disposition of my remains is:	
	Comotory
☐ Ground burial in ☐ I have a purchased plot	Centetery
☐ I have not yet purchased a plot	
☐ Mausoleum in	Cemetery
☐ I have a purchased crypt	_ Cometery
☐ I have not yet purchased a crypt	
☐ Cremation	
I prefer that my cremated remains (ashes) be interr	ed in a:
☐ Mausoleum (niche)	
☐ Burial plot☐ Scattered	
Other	
<u> </u>	
MARKER/HEADSTONE	de di e colo de del de Pere e
A marker/headstone would be my desire – with the following inscr	ription/guideline:

PERSONAL PREFERENCES

Glasses to be worn: □Yes □No
Glasses to remain with me: □Yes □No
Remove before interment and return to:
Jewelry to be worn:
Jewelry to remain with me: □Yes □No
Remove before interment and return to:
Other:
OFFICIANT
My first preference for clergy/speaker is:
Phone #:
My second preference for clergy/speaker is:
Phone #:
Some things I would like to have shared at the ceremony would be (you may wish to attach additional pages):
SUGGESTED MEMORIAL DONATIONS (optional):
I want my family and friends to know of my appreciation of the following organizations, ministrie and/or charities:
Name & Address
Name & Address
Name & Address

INSURANCE INFORMATION

Please contact the following regarding my:

Life Insurance Policy	
Insurance Company	Policy #
Agent	Phone #
Insurance Company	Policy #
Agent	Phone #
Pre-Need Funeral Insurance	
Insurance Company	
Agent	Phone #
Insurance Company	Policy #
Agent	Phone #
Other	
Insurance Company	Policy #
Agent	
Insurance Company	Policy #
Agent	
Labor/Other Benefits	
Labor Union	Local #
	Phone #
Comments:	
Comments.	

SPECIAL NOTES AND WISHES

Questions Sometimes Asked

Is embalming required?

The State of Arizona does not require embalming for burial or cremation. It is the policy of Avenidas Funeral Chapel to require embalming if a viewing/visitation with open casket is requested.

Which is "right" - burial or cremation?

Choosing burial or cremation is a very personal decision. There is no "right" or "wrong".

How much should we spend on funeral expenses?

Choose only those services that you want and are willing to pay for. Pay close attention to your budget, and make it known of your wishes for your family to stick to this budget.

Do we have to view the body?

No. Viewing the body, though, can help to give closure and help family and friends to express their grief.

Do we need to have a ceremony?

A ceremony helps to give closure. For many it provides an opportunity for family and friends to gather together to express their grief and sadness. It also can be a time to celebrate and honor the memories and life of their loved one.

Should children attend the service?

Yes, if they and their parents would like them to. Children of any age need closure also.

Should clergy or musicians receive payment or a gift?

An honorarium is normally appropriate and can be arranged through your funeral director.

What should we do with the cremated remains?

These can be places in an urn to be buried, stored in a vault, kept at home, or scattered. (Check with your funeral director about any legal restrictions.)

What about whole-body donation for medical research?

These arrangements must be made in advance with a medical school. (Check with your funeral director.)

Organ donation?

This should be discussed in advance with your hospital or medical care provider in advance.

When will I stop hurting?

It is never easy to let go, either of the one we love or of the grief we feel as a result of the loss. The funeral director and staff will be able to point you to many valuable resources.

This is probably a really silly question...

There are no silly questions. Call your funeral director at any time with any question or concer you may have!