

Funeral Service Pre-Planning Tool

These are my last wishes regarding my funeral services and burial.

Signature _____

Date _____

Full Name: _____

- Disposition Preference: Burial
 Cremation
 Death Beneficiary Decision

FUNERAL HOME:

NO DIRECTIVE

1. Use the following funeral home:

2. I have made and paid for funeral/burial arrangements with:

FUNDING SOURCES TO PAY FOR MY FUNERAL COST AND EXPENSES

As a Siletz Tribal member I have a death benefit that will cover up to a set amount of costs for my burial & funeral expenses. Upon my passing, please contact the Siletz Tribal Enrollment Office at (800) 922-1399 ext. 1258.

1. CTSI Tribal Death Benefits, my Tribal Roll # is: _____

2. Tribal Casket: I want a Tribal casket I do not want a Tribal casket

3. Prepaid funeral/burial arranged with:

4. I have funds reserved at: _____

5. Other: _____

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SILETZ TRIBAL VETERANS COORDINATOR: Office Number (541) 444-8330

Please contact the Veteran Coordinator with arrangements for honor guard and other assistance for my burial with military honors.

1. My DD-214 can be found: _____

2. The Tribal Veteran's Coordinator has a copy of my DD-214

3. My Military Service Information:

4. Military Honors - Arrange with:

VIEWING/WAKE:

NO DIRECTIVE

1. Casket Viewing: Open Closed No Viewing

2. Viewing available to: Everyone Close Friends and Family Only

3. My Death Benefit Beneficiary can decide about my wake

I want a traditional wake

I do not want a wake of any kind

4. Other requests or instructions:

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BURIAL/CREMATION:

NO DIRECTIVE

1. My Tribal Death Benefit Beneficiary will decide what to do with my remains

2. I want to be buried at the Paul Washington Cemetery in Siletz

Bury me as close as possible to:

3. I want my gravesite to be flat mounded after by burial/interment.

4. I want to be buried at the following cemetery:

Cemetery: _____

City/State: _____

5. Deed to my burial plot located: _____

6. I want to be cremated and my ashes interred at:

7. I want to be cremated and my ashes scattered at:

8. Other:

FUNERAL/MEMORIAL SERVICE - - CELEBRATION OF LIFE:

NO SERVICES

1. I direct no Funeral or Memorial Services of any kind be held

2. I direct a Funeral/Memorial Services and/or Celebration of Life be held in accordance with the desires of my Tribal Death Benefit Beneficiary

3. I would like my Spokesperson/Pastor to be:

4. Casket: Open Closed Not Present

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- 5. Funeral then burial/interment immediately thereafter
- Burial followed memorial service
- Burial followed by Celebration of Life
- Graveside service only

6. I would like my service(s) to be held at: _____

6. My favorite flowers are: _____

7. Scriptures, poems or messages to be spoken at my service/celebration of life:

8. I want these hymns, songs/music at my funeral service/celebration of life:

9. I want the following to sing, drum, etc. at my service/celebration of life:

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10. I wish the following to be my pallbearers, if available:

11. Other instructions/requests:

GRAVESIDE SERVICE:	<input type="checkbox"/> NO GRAVESIDE SERVICES
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1. Scriptures, poems or messages to be spoken at my graveside service:

2. I want these hymns, songs/music at my graveside service:

3. I want the following to sing, drum, etc. at my graveside service:

4. Other instructions/requests:

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BIOGRAPHICAL INFORMATION TO ASSIST IN MY OBITUARY:

Mother: _____

Father: _____

Maiden Name: _____

Date of Birth: _____ Location: _____

Spouse: _____

Date of Marriage: _____ Location: _____

Siblings: (& their spouses) _____

My children: (& their spouses) _____

My grandchildren: (& great-grandchildren) _____

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My Academic/Education History:	
My Work History:	
Places I have lived:	

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I am a member of these charities, churches, clubs & organizations:	
My accomplishments, achievements and/or awards:	
Precedes me in death:	

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Other Information:	

I want to share this as my parting words:	