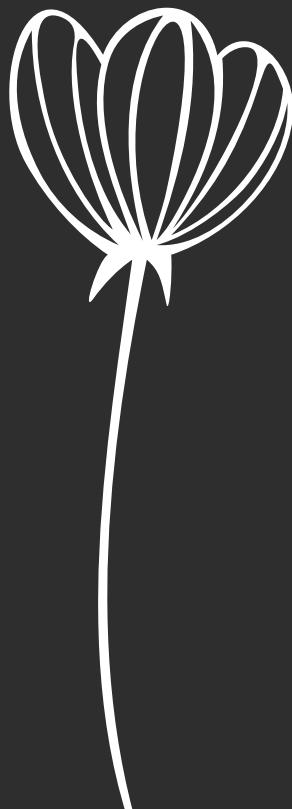


IN MY

Absence



FUNERAL Overview

Deceased's

Information:

Full Name: _____

Date of Birth: _____ Date of Passing: _____

Age at Passing: _____

Cause of Death (Optional): _____

Funeral Service Details:

Type of Service: () Burial () Cremation () Memorial () Other

Date & Time of Service: _____

Funeral Location: _____

Reception Location: _____

Officiant/Pastor: _____

Funeral Home Name: _____

Cemetery Name: _____

Plot/Grave Number: _____

Urn Selection (if applicable): _____

Key Contacts:

Contact Type	Name	Phone Number	Email
Funeral Director			
Religious Leader			
Family Representative			
Pallbearers Coordinator			
Reception Venue			

FUNERAL *Details*

Funeral Details

Deceased's Name: _____

Date of Passing: _____ Age: _____ years

Type of Service: () Burial () Cremation () Memorial () Other

Service Information

Date & Time: _____ at : AM/PM

Funeral Home: _____

Cemetery/Urn Placement: _____

Officiant/Clergy: _____

Reception Details

Venue: _____

Time: : _____ AM/PM Catering Arrangements: Yes No _____

Guest Estimate: _____

Participants

Role	Name	Contact
Officiant		
Eulogist		
Pallbearers		
Musician		

Special Requests & Traditions

BUDGET & Expenses

Expense Category	Estimated Budget	Actual Cost	Assigned To
Funeral Home Services			
Cemetery Expenses			
Cremation/Urn Costs			
Reception Costs			
Transportation for Family/Guests			
Floral Arrangements			
Obituary & Printing Costs			
Clergy/Honorarium Fees			
Musicians/Singers Fees			
Other Miscellaneous Costs			

Notes & Additional Expenses

FUNERAL *Arrangements* CHECKLIST

Family & Friends Decisions

- Notify close family and friends
- Choose a funeral home
- Decide on burial or cremation
- Choose a casket or urn
- Write and finalize the obituary
- Arrange for pallbearers

Venue & Logistics

- Select a funeral service venue
- Book cemetery or crematorium
- Arrange transportation for the family
- Reserve reception location
- Organize guest seating

Funeral Service Arrangements

- Select officiant or clergy
- Choose speakers for eulogy
- Select readings, poems, or prayers
- Arrange music and musicians
- Plan floral arrangements
- Print funeral programs

Special Requests & Traditions

- Military honors (if applicable)
- Religious or cultural customs
- Special tribute or memorial slideshow
- Personalized memorial items (candles, keepsakes, etc.)

Notes & Additional Considerations

FUNERAL *Home* ARRANGEMENTS

Funeral Home Details

Funeral Home Name: _____

Address: _____

Phone Number: _____

Funeral Director's Name: _____

Funeral Home Services

- Body Preparation (Embalming, Dressing, Cosmetics)
- Casket/Urn Selection Assistance
- Transportation of Remains
- Viewing or Visitation Arrangements
- Floral Arrangement Assistance
- Memorial Service Coordination
- Documentation & Permits Assistance

Cost & Payment Details

Total Funeral Home Cost: _____

Deposit Paid: _____

Balance Due: _____

Payment Due Date: _____

Important Contacts

Funeral Home Coordinator: _____

Emergency Contact Person: _____

Other Notes & Special Requests: _____

CASKET & *Burial* ARRANGEMENTS

Casket Selection

Casket Type: Wooden Metal Eco-Friendly Other: _____

Casket Size: Standard Oversized Custom

Casket Interior Material: Velvet Satin Cotton Other:

Casket Color/Design Preferences: _____

Urn Selection (For Cremation):

Burial or Cremation Details

Preferred Option: Burial Cremation Other: _____

Burial Location/Cemetery: _____

Plot Number (If Reserved): _____

Headstone Type & Inscription: _____

Grave Marker Details: _____

Vault/Liner Required? Yes No _____

Cremation Details (if applicable): _____

- Cremation Provider: _____
- Ashes To Be Kept/Scattered Where?: _____

Notes & Additional Considerations

Cost & Payment Breakdown

Item	Estimated Cost	Paid	Balance Due
Casket/Urn			
Burial Plot/Cemetery Fees			
Headstone/Grave Marker			
Vault/Liner			
Cremation Costs (If Applicable)			
Other Expenses			

Total Cost: _____

Payment Due Date: _____

Important Contacts

Casket/Burial Provider: _____

Cemetery Office Contact: _____

Cremation Service Provider (If Applicable): _____

Additional Notes & Requests:

CREMATIONS & *Ashes* PREFERENCES

Cremation Details

Cremation Provider Name: _____

Cremation Location: _____

Date of Cremation: _____

Cremation Service (if any): Private Public No Service

Ashes Handling Preferences

What should be done with the ashes?

Kept by Family Buried in a Cemetery Placed in a Columbarium

Scattered (Specify Location): _____

Divided Among Family Members Other: _____

Urn Selection

Traditional Urn Biodegradable Urn Keepsake Urns for Family

Jewelry (Ashes Infused) Other: _____

Memorial Preferences

Memorial Bench Tree Planting Engraved Plaque

Online Memorial Other: _____

Cost & Payment Breakdown

Item	Estimated Cost	Paid	Balance Due
Cremation Service Fee			
Urn Selection			
Ashes Transport (if any)			
Cemetery/Columbarium Fees			
Memorial Services			
Other Expenses			

Total Cost: _____

Payment Due Date: _____

Important Contacts

Cremation Provider Contact: _____

Cemetery/Columbarium Contact: _____

Memorial Service Contact (if any):

Additional Notes & Requests

ORBITUARY & *Death Notice*

Full Name of Deceased: _____

Date of Birth: _____ Date of Passing: _____

Age at Passing: _____ Place of Birth: _____

Place of Passing: _____

Loving Family Members:

- Parents: _____
- Spouse/Partner: _____
- Children: _____
- Grandchildren: _____
- Siblings: _____

Short Life Summary (Career, Hobbies, Passions, Achievements):

Funeral/Memorial Service Details:

- Date: _____
- Time: _____
- Location: _____
- Officiant: _____

Final Message or Special Requests (Donations, Flowers, etc.):

MEMORIAL & Tribute Planning

Service Type:

Funeral Service Celebration of Life Private Memorial Religious Ceremony

Other: _____

Date & Time: _____

Location: _____

Officiant/Speaker: _____

Music Preferences:

Live Performance Recorded Songs Specific Songs: _____

Readings, Poems, or Religious Texts:

Selected Readings: _____

Reader(s): _____

Photo & Video Slideshow:

Yes, to be shown at the service

No, not needed

Special Tributes

Memorial Donations Instead of Flowers?

Yes (Preferred Charity: _____)

No

Symbolic Tributes

Planting a Tree Releasing Lanterns

Memory Jar (Guests Write Messages)

Butterfly/Dove Release

Other: _____

Special Honoring Moments

Military Honors (for Veterans)

Favorite Hobby Display

Other: _____

Guest Participation:

Open Mic for Sharing Memories

Candle Lighting Ceremony

Other: _____

Keepsakes & Legacy

Memorial Items for Guests

Printed Program or Memory Card

Personalized Keepsake (Bracelet, Pin, etc.)

Digital Tribute (QR Code to Online Memorial)

Other: _____

Final Message or Special Requests

Will

Service Type:

Do you have a legally documented will? Yes No

Will Location: _____

Executor of the Will

- Name: _____
- Relationship: _____
- Phone/Email: _____

Backup Executor (if applicable)

- Name: _____
- Phone/Email: _____

Attorney Name & Contact

- Name: _____
- Firm Name: _____
- Phone/Email: _____

Power of Attorney (if different from the executor)

- Name: _____
- Phone/Email: _____

ESTATE & Asset Distribution

Primary Beneficiaries

Name	Relationship	Percentage/Specific Items

Specific Bequests (Personal Items, Property, etc.)

Item/Property	Beneficiary Name	Relationship

Charitable Donations (if applicable)

- Yes, I have included donations in my will
- No, I do not have charitable bequests

Organizations/Charities:

INSURANCE & Benefit

Life Insurance Policies

Primary Life Insurance Policy: _____

Insurance Provider: _____

Policy Number: _____

Coverage Amount: _____

Beneficiaries: _____

Contact Information: _____

Additional Life Insurance Policies (if any)

Provider	Policy Number	Coverage	Contact Info

Health & Funeral Insurance

Do you have funeral insurance?

Yes No

Funeral Insurance Provider: _____

Policy Number: _____

Coverage Details: _____

Contact Information: _____

Health Insurance Provider: _____

Policy Number: _____

Coverage Details: _____

Emergency Contact for Claims: _____

Benefits & Pensions

Do you receive any government or employer benefits?

Yes No

List of Benefits & Pensions

Type of Benefit	Provider	Amount (if applicable)	Contact Info
Social Security			
Employer Pension			
Veterans Benefits			

Are there any survivor benefits for your family?

Yes No

Details: _____

Notes & Instructions

Where are policy documents stored?

Physical Location: _____

Digital Storage (USB/Cloud): _____

Contact person for claims & benefits processing

• Name: _____

• Phone/Email: _____

Final Instructions for Family _____

GUEST LIST & *Invitations*

POST FUNERAL *Reception*

Reception Details

Date & Time: _____ Venue: _____

Address: _____

Venue Contact Info: _____ Capacity Limit: _____

Reservation Confirmed? Yes No

Food

Catering Service or Homemade?

Catering (Provider: _____) Potluck _____

Restaurant Gathering _____ Other: _____

Menu Preferences

Food Item	Provided By	Confirmed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Beverages

Coffee/Tea

Soft Drinks

Alcoholic Beverages

Other: _____

Guest Attendance

Expected Number of Guests: _____

Seating Arrangements Needed?

Yes No

Special Guest Needs: _____

GENERAL Notes

Anything important to remember?

Final instructions for the family or funeral director:

SPECIAL Requests

Do you have any specific requests for the service, guests, or arrangements?

Dress Code (e.g., all white, casual, formal) _____

Special Music or Readings _____

Flowers or Decorations _____

Preferred Charitable Donations Instead of Flowers? Yes No

- Organization Name: _____
- Special Accommodations for Elderly/Disabled Guests? Yes No
- Any Other Requests: _____

Last-Minute Adjustments

Final Checks Before the Funeral:

Venue & Time Confirmed

Speaker & Readings Finalized

Music & Multimedia Set Up

Guest List Finalized

Reception Arrangements Ready

Any Last-Minute Changes?
