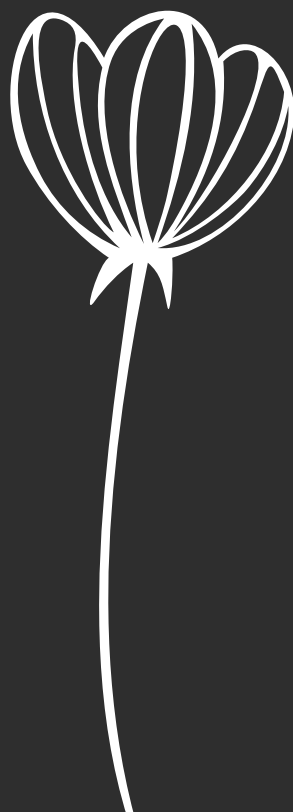


IN MY
Absence



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

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

Venue & Logistics

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

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

Guest Participation:

- ☐ Open Mic for Sharing Memories
☐ Candle Lighting Ceremony
☐ Other: _____

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: _____

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*

[illegible]

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?
