

**CHECKLIST FOR APPOINTMENT OF AGENT
FOR DISPOSITION OF REMAINS**

ORGAN DONATION:

- a. **Donate entire body to medical research:**
- Yes**
 - No**
- b. **Organs/tissues to be donated for research purposes:**
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- c. **Organs/tissues to be donated for transplantation:**
- All deemed viable for transplantation.**
 - Specific organs/tissues:**
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HANDLING OF THE BODY:

- a. **Post-mortem autopsy:**
- 1) **Consent if required by law:**
 - Yes**
 - No**
 - 2) **Consent if requested by a family member:**
 - Yes**
 - No**
 - 3) **Embalming:**
 - Yes**
 - No**

SERVICES:

- a. **I want a:**
- 1) **traditional funeral**
 - Yes**
 - No**
 - 2) **end of life ceremony without casket**
 - Yes**
 - No**
 - 3) **I would rather not have a formal service, but would rather have:**
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4) I would like the service/ceremony to take place at:

my place of worship

(location) _____

retirement village

(location) _____

family home

(location) _____

graveside

crematorium

funeral venue - provide details:

5) I want the service to be run by a:

particular

speaker/minister/priest/imam/rabbi/other: _____

6) I wish to have an:

open casket

closed casket

no coffin present

THE FUNERAL:

a. Hearse type (e.g. traditional/horse drawn):

b. Any preference for type of coffin or casket (e.g. wood, wicker, cardboard, other):

c. Sealing vault (e.g. cement, steel, other) (as required by law)

d. Any preference of memorial (e.g. headstone, plaque, sculpture, mausoleum)

e. Venue for post-funeral gathering:

f. Details of any prepaid funeral plan:

e. Financial limitations on cost of my funeral/burial:

- Let my family decide
- I have prepaid for my burial plot
- I have selected my coffin
- Not to exceed the following dollar amount including plot, retrieving and transporting the body from the place of death to the facility, storing the body, preparing the body for the funeral/end of life ceremony, making any necessary funeral arrangements, conducting ceremony, grave digging and covering, memorial cards and guest book, transporting my body to and from the ceremony, tents and chairs for the funeral, copies of the death certificate, assistance in notifying insurance companies, newspapers, organizations to which I belonged, etc.

\$ _____

- I want my funeral to be modest, leaving as much of my estate for my family as possible.

IF YOU WANT TO BE BURIED:

a. Cemetery/natural burial ground/other:

b. New or existing grave:

c. Location/plot number:

IF YOU WANT TO BE CREMATED:

a. I would like my ashes to be

- Scattered at the crematorium
- Scattered at a cemetery on a grave or in the Garden

of Remembrance

- Returned to family for private disposal
- Interred in a grave or cremated remains plot at a cemetery or churchyard
- Held by the funeral director until further instructed
- Other:

PLACE OF FUNERAL SERVICE:

a. Do you have a preferred funeral director?

b. Would you like a religious or non-religious service?

c. Where would you like your funeral service to be held?

d. Is there someone you would like to lead your funeral service?

e. Are there particular people you would like to be invited to carry your coffin (pallbearers)?

CONTENT OF FUNERAL SERVICE:

a. Any readings from Scripture/Prayers:

b. Other readings/poems:

c. Is there anyone you would particularly like to read these out?

d. Any music you would like played:

e. Any songs you would like sung:

f. Specific persons you would like to have sing:

g. Any other wishes:

EULOGY NOTES (to help with a eulogy speech):

a. Milestones in my life:

b. My philosophy/causes I strongly believe in:

c. People I want to thank, my favourite things, what I love most, what I live for:

d. Funniest moments:

e. A special message that I would like to be read at my end of life ceremony:

FLOWERS AND DONATIONS:

a. **Family flowers only:**

Yes

No

b. **Donations to charity in lieu of flowers?**

Yes

No

c. **My preferred charity/charities:**

BEFORE THE FUNERAL:

a. **How I want to be dressed (e.g. own clothes, provided-robe)**

b. **If circumstances allow, are you happy for people to view your body?**

Yes

No

c. **Where should the coffin be taken before the funeral:**

Taken home

Taken to the place of service

To remain at the funeral home

d. **Mode of transportation of your family:**

Each family's own vehicle

Chauffeur-driven vehicle(s)

Chauffeur-driven stretch limoseine(s)

Other:

d. **Any other requests:**
