

**BURIAL CONSIDERATIONS AND FINAL ARRANGEMENTS**

**FUNERAL DIRECTOR PREFERRED** \_\_\_\_\_

**I BELONG TO A MEMORIAL SOCIETY. PLEASE CONTACT** \_\_\_\_\_

**DISPOSITION OF THE BODY**

As a first option, I will my body to science, specifically to \_\_\_\_\_, on the understanding that for various reasons the medical school may not be able to accept this gift. I have filled out forms as provided by the medical school. I have also indicated my wishes for a second, back-up option below.

I have indicated on my driver's license or organ donor card that I give my permission for organ donations as needed.

I want simple cremation

- a. choice of urn, if any \_\_\_\_\_
- b. who will claim the ashes \_\_\_\_\_
- c. final location of urn/ashes \_\_\_\_\_

I want only immediate earth burial

- a. type of coffin or casket \_\_\_\_\_
- b. location of cemetery plot \_\_\_\_\_

**Bequeathal considerations:**

A form must be filed with the Department of Anatomy, University of Kentucky Medical Center, Lexington, KY 40506. Copies should be filed with your attorney, family physicians, and your family or a close friend. If you wish to donate organs, fill out the back of your driver's license and also make notes on this form as to your wishes. Please note that you cannot donate organs and also donate your body to the university medical center. Please not which would be your first choice. Circumstances at death may rule out one or the other, but your wishes should be made clear so that they may be followed if possible \_\_\_\_\_

**MEMORIAL SERVICE**, if desired

- \_\_\_\_\_ I would like a memorial service to be arranged by the funeral director, to take place in his or her chapel.
- \_\_\_\_\_ I would like a memorial service to be arranged by my family/friends without benefit of the funeral director, to take place at \_\_\_\_\_
- \_\_\_\_\_ I have specified my desires below for the scheduling, readings, music, content, and other details \_\_\_\_\_

\_\_\_\_\_ I would prefer a funeral casket open \_\_\_ casket closed \_\_\_\_\_

\_\_\_\_\_ Instead of flowers, please send gifts to \_\_\_\_\_

**ALTERNATIVE WISHES WITH REGARD TO FINAL ARRANGEMENTS** (Please use back of sheet).

**SIGNATURE AND DATE:**