

Name:

ADVANCE WISHES

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The meeting asks each of our members to complete this information and update it from time to time. Since we know not when death might visit, having this information will help the meeting to provide support to your loved one.

1. If the meeting is the first to learn of your death, whom should we notify? Who should be contacted to learn of your wishes or to make arrangements?
Please give the full name, address and telephone number, as well as the relationship to you.

2. Do you have a will or other document that speaks to the matters of funeral, burial or memorial meeting? If so, where is this document kept?

3. Do you have death benefits (veteran, insurance, etc) meant to pay funeral expenses? If so where is this document kept? Are there other sources of funds for funeral expenses if needed?

4. Do you wish to have a memorial meeting under the care of the monthly meeting?

5. If so, what special requests do you have of, or instructions for, the monthly meeting? Do you want flowers, special music or readings?

Over

6. If persons desire to make memorial gifts, to whom or what group should such gifts be made?

7. Please provide basic information that can be used in preparing an obituary: date and place of birth; when you became a Friend; when you joined this meeting; education, profession, volunteer and professional accomplishments names of parents and closest relatives.