

FUNERAL INSTRUCTIONS DOMINICAN LAITY

[A member of your chapter who wishes to record funeral instructions must submit this form to your chapter council for review and retention in his/her permanent personnel record. A signed copy should also be placed in safekeeping with the member's will.]

DATE _____

MEMBER _____

CHAPTER _____

NEXT-OF-KIN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____ WORK _____



Record additional next-of-kin on the reverse.

1. Placed on my remains, I wish to have the Dominican
 Cross. Scapular.
 Pin. Habit.
 Other (specify) _____

2. I wish to have
 an open-casket wake.
 a closed casket wake.
 no wake.

3. I wish to be cremated.
 I do not wish to be cremated.

4. I wish to have
 a funeral Mass.
 a memorial service instead.

5. For my wake, I wish to
 have traditional wake service (please outline it on reverse).
 pray the Rosary.
 pray an hour of the Office of the Dead.
 hold a scripture service.
 merely come to pray individually.

6. I have a burial plot/mausoleum space reserved at:

Cemetery _____
Address _____
City _____ State _____ Zip _____
Phone _____

7. ____ I have designed my wake and funeral services. A copy is attached.

8. Other instructions (please write on reverse or attach copy):

I, _____, am an adult resident of the city of _____, County of _____, in the State of _____, and being of sound mind, declare this to be my funeral instructions expressly revoking any prior instructions made by me. Mindful of my loving family, although these are my wishes, I will bend to the will of my family.

IN WITNESS WHEREOF, I sign my name below on this _____ day of _____, _____ (year).

(Signature)

(Print Name)

STATEMENT OF WITNESSES

We sign below as witnesses, declaring that the person who is making these funeral instructions, _____, signed the foregoing instrument, consisting of _____ (number) pages, including this page, in our presence; appears to be of sound and disposing mind and free from duress, fraud or undue influence; acknowledges that he/she has read, or has had it read to him/her, and understands the contents of these funeral instructions; and requested that we, in his/her presence and in the presence of one other, sign our names as attesting witnesses on this _____ day of _____, _____ (year).

Print Witness Name

Signature of Witness

Address

City, State, Zip

Print Witness Name

Signature of Witness

Address

City, State, Zip