

FUNERAL ARRANGEMENTS

Name _____
(Last, First, Middle)

Do you wish to express your desires regarding funeral arrangements? Yes No

***If yes, proceed to below:**

Please indicated your wishes regarding funeral arrangements by checking the appropriate boxes below.

To be cremated

 With full military honors

 Without full military honors

To have your body given for medical or scientific purposes

To be buried at a specific grave site or location

 With full military honors: location _____

 Without full military honors: location _____

To be buried at sea

 With full military honors: location _____

 Without full military honors: location _____

Other Explain) _____
