GRAND RAPIDS FIREFIGHTER RETIREE

"LAST WISHES QUESTIONNAIRE"

Please complete this form and return to;   **GR FIREFIGHTERS LOCAL 366 - (LW)**
                                              1930 FULLER NE
                                              GRAND RAPIDS, MI. 49503

All information provided is **CONFIDENTIAL**. The selections made on this form will be carried out according to protocol and policies established by the appropriate organization.

Retired Firefighter's Name _____

Badge Number _____   Date of Hire _____

Do you wish the GRFD to assist in any part of the funeral arrangements?   **YES**   **NO**

Do you wish a family member and/or friend to help in coordination of your last wishes?
     YES   **NO**   (i.e. spouse, son, daughter, firefighter brother/sister, etc.)

    If yes name and contact information: _____

Do you have pre-arranged funeral plans?   **YES**   **NO**

Where are these plans located? _____

Mortician and/or Funeral Home Name; _____

                Phone; _____   City; _____

      **Religious Leader Contact; _____   Phone; _____

              Address; _____   City; _____

If a church is to be used, please provide name, contact, address, phone;
** FIRE DEPT. CHAPLAINS) are available if needed upon family request and direction)**

_____

_____

Do you wish a Fire Service, Traditional Civilian Service, or family to decide at appropriate time?
(Circle your choice below)
    Fire Service   Traditional Civilian   Family Decision at the time

Do you wish for visitation?   **YES**   **NO**   Graveside Service?   **YES**   **NO**

Are you a veteran of the U.S. Armed Forces? **YES**   **NO**   Which Branch? _____

Service Number _____ Attach copy of your DD 214   **YES**   **NO**

If a veteran, do you desire the American Flag on your casket?   **YES**   **NO**

Do you desire flowers or donations to a charity?   (please circle one)   **FLOWERS**
DONATIONS

If donation, select Designated Charity: _____

Please list the people you wish to be pallbearers (Or circle if: Family to decide)

_____   _____

_____   _____

_____   _____

Please list significant awards, decorations, or achievements;

_____   _____   _____

Do you wish for a eulogy to be delivered, and by whom; _____

Do you wish for music to be played or sung? *(list titles)*   _____

_____

Do you wish for poems or bible verses to be read? *(list titles)* _____

_____

Do you have any additional last wishes? *(not addressed on this or on the Options form)*

_____

_____

Do you own a niche/cemetery plot? Where - Plot Number _____

_____

Do you wish to be cremated?   **YES**   **NO**

_____	_____	_____
PRINT NAME	**SIGNATURE**	**DATE**

_____	_____	_____
PRINT NAME OF WITNESS OR SPOUSE (not required)	**SIGNATURE**	**DATE**