

Dear Brother,

The time will eventually come for all of us to depart earth for the Celestial Lodge. Though we would prefer not to think of that event, consider what burdens would be placed on your loved ones at that time if they have never handled such a situation and/or if they do not know what you desire.

You can help relieve some of those consequences by planning ahead now. Rockford Lodge is supplying this form for your use. We hope it will be of some benefit to you and your relatives. Complete all details and keep it with your important papers, also ensuring that your nearest relatives know where it is at all times and informing them that these are your specific wishes. Attach any additional important points to the back of the form.

We would also suggest that you give a copy of the Funeral Arrangements page to the funeral home of your choice, to your Lodge, and to the church you wish to officiate (both as noted on the form).

## Funeral Arrangements for

\_\_\_\_\_ (name)

On my demise,

I would like (funeral home) \_\_\_\_\_ to handle the details.

I have a gravesite secured: Yes [ ] No [ ] Place: \_\_\_\_\_

I have a marker secured: Yes [ ] No [ ] Contact: \_\_\_\_\_

I wish to have a religious service: Yes [ ] No [ ]

I wish to have (church) \_\_\_\_\_ officiate.

Requested minister: \_\_\_\_\_

Music: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to have a military service: Yes [ ] No [ ]

Contact: \_\_\_\_\_

I wish to have a Masonic Memorial Service in the chapel/church: Yes [ ] No [ ]

If no, I wish to have a Masonic Graveside Service: Yes [ ] No [ ]

Requested Funeral Master: (name) \_\_\_\_\_ Lodge #: \_\_\_\_\_

Requested Funeral Chaplain: \_\_\_\_\_ Lodge #: \_\_\_\_\_

I wish the Lodge to send flowers to my service: Yes [ ] No [ ]

If No, other options:

[ ] Send a donation to my church: \_\_\_\_\_

[ ] Keep a donation in the Lodge to be used as seen fit.

[ ] Send a donation to the Grand Lodge Widows' Fund

[ ] Send a donation to the Grand Lodge Building Fund

[ ] Send a donation to another organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

[ ] None

(Signed) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Financial Data (for immediate family only):**

My Checking Account:

Bank \_\_\_\_\_

Location: \_\_\_\_\_

Account # \_\_\_\_\_

My Savings Account:

Bank \_\_\_\_\_

Location: \_\_\_\_\_

Account # \_\_\_\_\_

Life Insurance:

Company \_\_\_\_\_

Amount \$ \_\_\_\_\_

Company \_\_\_\_\_

Amount \$ \_\_\_\_\_

Company \_\_\_\_\_

Amount \$ \_\_\_\_\_

Investments:

CD

Location \_\_\_\_\_

Account # \_\_\_\_\_

Amount \$ \_\_\_\_\_

IRA

Location \_\_\_\_\_

Account # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Stocks

[Attach list of stock accounts and any other investments to the back of this page]