

**THIRD HAVEN FRIENDS MEETING  
OF THE RELIGIOUS SOCIETY OF FRIENDS**

**Memorial Intentions Form**

This form is intended to help THFM better understand your wishes for your memorial service. When completed, please make a copy for yourself and return the form to the Overseers Committee. Please use additional space if needed.

Full Name

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Address

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Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Personal Representative I have directed to carry out my wishes at the time of my death

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Do you wish to be cremated (preferred by THFM due to limited space)? If so, what do you want done with your remains?

Do you wish to be buried? If so, where?

Do you want a memorial plaque at THFM? If so, have you thought about placement?

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Memorial Service Directions and Desires

Have you served in the military or been a member of another service organization that we should be aware of or that you would like recognition for during your memorial?

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Special Requests (Music, Readings, Speakers, Prayers, Flowers, etc.)

Memorial  
Donations\_\_\_\_\_

Funeral  
Home\_\_\_\_\_

I understand that this form is not legally binding and that THFM has no duty to fulfill any of the above requests but shall act as a depository and advisor for the expression of personal wishes for procedures at the time of my death. I have executed this document for the purpose of guiding my family and the Meeting at the time of my death.

Signed\_\_\_\_\_

Witnessed\_\_\_\_\_

Date\_\_\_\_\_

#### SUGGESTIONS FOR THE USE OF THIS FORM

Friends are reminded that it is our responsibility to make clear our intentions for memorial services and other necessities with which our families and friends must cope upon our death. This form can be a great help to those who will miss us when we are gone. An Overseer will help you through the process of filling out this form as completely as you desire. It will be kept at THFM until it is needed and may be reviewed and amended as desired.

It is hoped that this form helps guides Friends through this important and delicate work. It is important to make sure that the completed form presents a clear understanding of your wishes and how you would like your memorial to be handled. The Overseers at THFM are ready to act as your advocate and your helpers in this process.

#### OTHER DOCUMENTS WE RECOMMEND

Advance Medical Directive

Five Wishes [http://en.wikipedia.org/wiki/Five\\_Wishes](http://en.wikipedia.org/wiki/Five_Wishes)

Once completed, please make a copy of the form for your records and return the original for safe keeping with the Overseers Committee at THFM.