

Letters to Loved Ones

A planning guide for you and your family



The face of the American family has changed, and how we handle the death of our loved ones has changed as well...

Letters to Loved Ones

*Planning instructions for after
your death, and your final wishes...*

Provided to you as a courtesy by:



*Amaryllis Cremation LLC ~ 3461 Edgewater Drive ~ Orlando, FL 32789 ~ (407) 970-2009 ~ fax (321) 732-3620
Sarah Lopez Sequenzia, Direct Disposer in Charge ~ <http://www.amarylliscremation.com>*

Planning Form Instructions

The form you are about to complete is not a legal document. If you would like to confirm your wishes to the greatest extent possible, please take the completed information to your attorney, or one specializing in Estates, Trusts, and Wills. If you like, we can refer you to one in your area.

The form you are about to complete is a useful tool for your family, friends, and loved ones. Those you choose to keep close in your life will most often want to ensure that your specific wishes are carried-out after your death.

The form you are about to complete does not require you to use the services of Amaryllis Cremation LLC. Being a service oriented company, our wish is to provide you with any assistance we can to make your life a little easier. Having a plan, to leave behind, settles unanswered questions, and allows you to leave a final footprint. Also, much of the information you complete on the form will be required information for your Death Certificate, the Social Security Administration, and any Veteran Benefits if you are eligible.

For your information, we do not sell pre-need arrangements. We do offer affordable, at-need services.

Custody and Paramount Right of Disposition

When you die, your body will become the “property” of your next of kin. The basic chain of custody is as follows: Your surviving spouse; adult children both by birth and legal adoption, equally; your parents; your siblings; etc. If you are not married, or widowed, custody goes to your children. If you have no children, it goes to your parents. If your parents are deceased, it goes to your siblings.

If you have no spouse, children, parents, or siblings expected to survive you, we recommend that you take this form to an attorney. Do as much as you can to ensure your arrangements are handled the way you want, by the person you choose.

After Recording Your Wishes

If you do not wish to take this form to an attorney, make copies! Give them to those in your chain of custody for safekeeping. Give a copy to your closest friends. Place the original in a fireproof location. Many people are not comfortable discussing death, or arrangements for after death occurs. Providing this paperwork in a sealed envelope with “Read immediately upon my death” is an option you may want to consider.

Please feel free to contact Amaryllis Cremation LLC if you have any further questions. From our family to yours, best wishes.

Instructions and My Final Wishes

Complete this form as thoroughly as possible. It is not necessary, nor required to answer or complete each item. Simply provide the information you wish to leave behind.

Please print using blue or black ink. Circle appropriate choices where indicated by “ / “. If you require additional pages, please number them according to their corresponding page, i.e. 4a, 4b, etc.

General Information

Your Full Name (Last, First, Middle) _____

Home Address _____

Home Telephone () _____ Work Telephone () _____

Date of Birth _____ Social Security # _____

Mother's Maiden Name _____

Your Occupation (last occupation) _____

Drivers License or State Identification # _____

Are you a veteran? Yes / No Which Branch? _____

Attach copy or name location of your DD214 form _____

Marital Status Single / Married / Divorced / Separated / Widowed / Significant Other

If Married, Spouses Name (Last, First, Middle) _____

Are you an organ donor? Yes / No

City, County, State where you were born _____

If retired, what was your primary occupation? _____

Next of Kin

Next of Kin (Last, First, Middle) _____

Relationship to you _____

Address (if different than above) _____

Telephone # (if different than above) _____

Number of Children (if any) (from Marriage/other) _____

(Attach additional pages as necessary)

Pets

List below whom you would like to take care of your pets:

Do your pets take any medications? Yes / No

Location of Medication _____

Veterinarian name and contact info _____

Special Instructions_____

Names, address & telephone #'s of people you wish to be contacted immediately upon your death, please note relationship

[illegible]

Banks, Insurance and Pre-Arrangements

Do you have a bank account? Yes / No

List banks (branch) and account numbers below:

_____	_____
_____	_____
_____	_____

Do you have a safe deposit box? Yes / No - (key?)

Safe Deposit Box location _____

Do you have Life Insurance? Yes / No

Do you have Life Insurance through work? Yes / No / Not Sure

List life insurance policies and policy numbers below:

_____	_____
_____	_____

Do you have a pension plan or retirement accounts? Yes / No

List pension plans and retirement accounts below:

_____	_____
_____	_____

Do you have an attorney? Yes / No If yes, list names & contact info below:

_____	_____
_____	_____
_____	_____

Do you have a living trust? Yes / No (location?)

Do you have a will? Yes / No (location?)

Do you have a Power of Attorney? Yes / No (location?)

(attach additional pages as necessary)

Funeral, Cremation and Memorial Arrangements

Do you have a pre-paid funeral, cremation or burial plan? Yes / No

If yes, with who? _____

Policy/Document #(s)_____

Do you want a funeral? Yes / No

Do you wish to be embalmed? Yes / No

Do you want a viewing? Yes / No

If you would like a funeral, specify where you would like it held:

at a Funeral Home_____ in a Church_____

Something Simple (at home / in a park, etc.) _____

Other_____

Do you prefer family and close friends only? Yes / No

Would you rather have a celebration of your life, or a mourning of your death? (Circle one)

Do you wish to have a religious or cultural funeral? Yes / No If yes, list below:

Do you want a poem, song, hymn, or special reading? Yes / No If yes, list below:

Would you like flowers to be sent? Yes / No

If you would like mourners to contribute to a charity, please specify below:

Would you prefer a Eulogy be given by a close friend or family member? Yes / No

Who? _____(attach anything you would like to be said on a separate piece of paper)

Are there photos you would like displayed? Yes / No (list)_____

Do you wish to have an obituary placed in the local paper? Yes / No

Is there anyone you don't want at your funeral? (list)_____

Final Disposition

Would you donate your body to science? Yes / No

Do you want a (circle one):

Green Burial / Green Cremation / Traditional Burial / Traditional Cremation / Other

If you chose Cremation, do you want Amaryllis Cremation LLC to assist in your final disposition?
Yes / No

Do you wish to have your body or cremated remains placed in a mausoleum? Yes / No

If internment is to be in a traditional cemetery, do you want a grave marker/headstone? Yes / No

If yes, is there anything you would like it to say? _____

If you would like a burial do you have a place in mind for your final disposition?
(Be specific if possible - green cemetery, traditional cemetery, family plot, sea burial, etc.)

If you wish to be buried, are there any clothes or special items you wish to have buried with you?
Yes / No What items and/or clothes? _____

Is an unattended ash scattering acceptable? Yes / No

Do you want a bio-degradable urn? Yes / No

Do you want your cremated remains to be buried in a cemetery? Yes / No

Do you want a grave marker / headstone for your cremated remains? Yes / No

If you would like to be cremated, what would you want done with your remains?
(buried, scattered at sea or in the mountains, made into jewelry, turned into a reef, shot out of cannon, kept at home on the mantel, etc.) _____

If you would like your ashes to be kept in an urn (as in at home), for how long? _____

If you've selected or have a specific wish for your urn or coffin, please state it here:

Special Instructions or Messages

Please list any special instructions or messages below, OR consider putting them into a sealed envelope directed to the specific person you would like to receive your message or carry out a task.

Special instructions or messages can include, but are certainly not limited to messages of love and friendship, deletions or removal of items, apologies, information on accessing accounts, canceling subscriptions, persons to be contacted, locations of where items are located, etc. Don't forget to include passwords if they will be needed.

If you have someone's urn/ashes in your possession, please list below what you would like done with them upon your passing (where they should be scattered, buried, etc.)

Please list below any special requests or pertinent items not addressed:

List below the person(s) and contact #'s for those you would like to carry out your final wishes:

I understand that this is not a will, or a legal document of any type. These are simply my final wishes that I hope those I leave behind will carry out.

Signature _____ **Date** _____

Print your full name _____



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Florida License Number F060088