



TRI-COMMUNITY FIRE DEPARTMENT

"SAVING LIVES AND PROPERTY SINCE 1974"



Legacy Directives Form

Purpose of this Form: The information in this form provides **guidance** to the Fire Officers regarding your wishes to be carried out upon your death. This is not a legally binding document. Should the department member wish to make his or her request a legally binding document, legal counseling should be sought by the individual for whom this form is completed. Any pre-planning other than Tri-Community Fire Department involvement will require pre planning through a funeral home or legal counseled. It is recommended that at least this document be provided to family members and/or filed with the funeral home you intended to use.

Privacy Statement: This information may be protected by the current laws, rules, regulations, and policies regarding privacy and confidentiality as mandated by the Tri-Community Fire Department and the State of Mississippi or any other agency or branch of government.

Instructions for completing this Final Wishes Form: It is suggested this form be completed together with your spouse/domestic partner/emergency contact. This form should be updated annually. If the item does not apply or you prefer not to provide the information, specify by writing "N/A" to the item. Please print or type. After completion of the form, please turn into Secretary's Drawer at Station 1 or email form to reports@tcvfd.net.

General Information Section:

Your legal name: _____ Today's Date: _____

____ I do not wish to have any fire department involvement in my any part of funeral services. *(If you do not wish to have Tri-Community Fire Department involved in any part of your funeral services, check the box above and sign and date on the last page of this document.)*

Your fire department unit number at the time of completing this form: _____

Do you have a Funeral Plan other than this Final Wishes Form? ____ Yes ____ No

If yes, list the name and address of the location of the funeral plan: _____

Your current home address at the time of completing this form: _____

Spouse name and address at the time of completing is form_ _____

Name(s) and address(s) of children (if the child's address is your current address please write "current address"): Attach a separate sheet if you need additional space but note "see attached". _____

Name, address, and telephone number of a family member not living in your household who may need to be notified and/or included in decisions regarding the Information on this Form: (Parent(s), siblings, etc.)

List your religious preference: _____

Provide the name, address, and telephone number of any church, faith community, and the name of the Priest, Minister, Rabbi, Deacon, or other person from (_____): _____

Where will the services be held? _____

If the services are to be conducted out-of-state or out of the district, if reasonable, do you wish your department to be represented at the services? ____Yes ____No

Visitation

____ I do not intend to have a visitation, or I do not want any department involvement in the visitation service(s).

Department Members Attire at Visitation

____ Normal dress. (Members wear clothing they would wear to any other visitation)

____ Fire Department polo shirts, with khakis or dress pants.

____ Fire Department tee shirts. (This option is not preferable by the department).

____ Other (List any other request you wish to have carried out at visitation not listed above.)

Funeral Service

____ I do not intend to have a funeral service, nor I do not want any department involvement in the funeral service.

Department Members Attire at Funeral Service

____ Normal dress. (Members wear clothing they would wear to any other visitation).

____ Fire Department polo shirts, with khakis or dress pants (Class A Uniform if Applicable.)

____ Fire Department tee shirts. (This option is not preferable by the department).

____ Other (List any other request you wish to have carried out at visitation not listed above.)

Firefighter Funeral Section: See attached for allowed traditions for each level of service

Level One (1) This is the HIGHEST level of ceremony. It is reserved for firefighters who die as a result of a line of duty incident or direct job-related event. This may include members whose death has stemmed from injuries or illness directly sustained during active duty. This may include heart attack, and stroke while on duty. This must also meet the State Guidelines for LODD.

Level Two (2) This level of service is available to firefighters who die while an active member, but the death was not job or duty related.

Level Three (3) This level of service is available to inactive members who served the department for 20+ years, or under other special circumstances approved by the fire officers.

List any fraternal organizations, which may request/require participation (e.g. rosary, prayer service, official organizational service, etc.) at the wake or funeral (e.g. Knights of Columbus, Mason, Veterans of Foreign War, American Legion, etc.): _____

Check and enter the name, address or the location of the memorial services:

____ Funeral Home ____ Chapel ____ Other If other, list: _____

Name: _____

Location: _____

If **LODD**, do you wish the State Honor Guard to participate in the service? ____ Yes ____ No

List your preferences for Pallbearers and/or Honorary Pallbearers, List of UP TO 8 fire department personnel names who you want to be the primary pallbearers (*If a mix of fire department personnel and non-fire department personnel is your wish, you are welcome to list names of non-department personnel here as well*):

Fire Department Eulogy Speech

Do you request an officer or member to provide a eulogy? ____ Yes ____ No

If yes, this eulogy would be delivered by a current or past fire department member. This speech could include personal stories known by the person delivering the eulogy, stories you wish to have told concerning your fire service, a list of accomplishments while in the fire service, etc. Please list below who you would like to deliver the eulogy and any stories you would like to have told and any accomplishments you would like to have mentioned, include an alternate person as well. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. Include dates etc. if known, can attach letter if more room is needed. _____

Reading of Firefighter's Prayer

____ I do not want a reading of Firefighter's Prayer delivered by fire department personnel at the funeral service.

Name of person to read firefighter prayer: _____

Alternate name or names of approved people to deliver firefighter prayer if primary person is not able (if have no preference on either, put "No Preference"). _____

During the time from the death through the funeral, do you wish to have one or more firefighters to remain with your family? ____ Yes ____ No

Do you wish the Fire Chief to make the selection? ____ Yes ____ No

Do you wish the 911 Dispatch Center to call for the last alarm? ____ Yes ____ No

If yes, do you wish this to occur at the: ____ Church ____ Funeral Home ____ Cemetery?

Do you wish for a procession of apparatus(s)? ____ Yes ____ No

If yes, list any specific apparatus you wish to have in the procession: _____

Following the services, do you wish to have a social gathering at the fire station? ____ Yes ____ No

If yes, provide any specific instructions concerning the gathering: _____

Are there any other specific things you would like for your service? List in detail here: _____

Members of the Armed Services Special Section:

Are you a military veteran? ____ Yes ____ No

Are you an active member or retired member of the armed services? ____ Active ____ Retired

For active members of the National Guard or Reserves, list your Commander's name and your Unit's address and telephone number. _____

Do you wish military honors? ____ Yes ____ No

If yes, will taps be performed by an armed services or veterans' organization listed? _____

If yes, will the American Flag folding/presentation, be done by armed services, veterans’ organization, Honor Guard or Agency Combination listed? _____

Other Pertinent Information Section:

List any other pertinent information not identified on this form. _____

Firefighter Name PRINTED

Witness

Firefighter Signature

Date

Funeral Traditions for Each Level of Service

American Flag (1, 2, 3, military veteran)

Badge Shrouds (1, 2, 3)

Bagpipers (1) (If Available)

Bell Ceremony (1, 2, 3) (If Available)

Taps (1) (Military Veteran, 1, 2, 3) (If Available)

Casket Vigil (1, 2, 3)

Casket Watch (1,2) (If Available)

Department Apparatus in Procession (1, 2, 3 (For long time members.))

Eulogy (1, 2)

Fire Apparatus Caisson (1)

Fire Apparatus Flower Unit (1, 2)

Full Fire Apparatus Procession (1)

Firefighter Funeral Flag (1, 2, 3)

Firefighters Visitation Walk Through (1, 2)

Flags ½ mast (1) * (Only by order of Governor)

Hearse (1, 2, 3)

Honor Guards – Color Guards (1)

Ladders – Crossed or with Large American Flag (1, 2) (If Available)

Last Alarm Ceremony (1, 2)

Station Bunting (1)

Vehicle Bunting (1, 2)