

**Updated:
August 2022**

**LAST WILL AND TESTAMENT
OF
MSG JOHN C DOE
US BRANCH OF SERVICE RETIRED
OR
PAUL D SMITH
FINAL ARRANGEMENTS**

Contact No.:

Email Address:

LAST WILL AND TESTAMENT

KNOW ALL BY THESE PRESENTS THAT I:

Print Full Name

A United States Citizen, born on the st /nd /th of (Month) , (Year),
who is / a retired military veteran / a retired disabled military veteran /
a disabled military veteran / a Military Veteran / working / retired / disabled retired / and
living in the Philippines, of legal age, and that I am, single / the widow of / the widower
of / divorced / legally married and the / husband of / wife of: **Full Name**

WITH A LOCAL RESIDENT ADDRESS OF:

Street Address:

Subdivision:

Barangay:

City:

Province:

Country:

WITH A PERMANENT US RESIDENT ADDRESS OF:

Street Address:

City / Town / Village / of:

State of:

Country:

LAST WILL AND TESTAMENT

Being of sound and disposing mind and memory, and not acting under undue influence or intimidation from anyone, do hereby declare and proclaim this instrument to be my Last Will and Testament, in English, the language with which I am well conversant.

And I hereby declare that:

I. I desire as my final wish should I at any time have an incurable injury, disease, or illness certified to be a terminal condition or a permanently unconscious condition, it is my wish / desire that my dying shall not be artificially prolonged under the circumstances that I have set forth in, (Appendix 1), of my medical Living Will declaration.

II. I desire as my Final wish that upon my death, **to / not to** donate my organs or my body to Medical Science under the circumstances that I have set forth in, (Appendix 1), of my Medical Living Will Declaration.

And I hereby declare that:

III. I desire as my final wish that upon my death, to be buried according to the burial pre-arrangements that I have set forth in (Appendix 2) and that I be interred at

1. Interment Burial

- a. Name of Cemetery / Mausoleum / Columbarium
- b. Location:
- c. Province of:
- d. Country:

2. Inurnment Burial

- a. Name of Cemetery / Mausoleum / Columbarium
- b. Location:
- c. Province of:
- d. Country:

LAST WILL AND TESTAMENT

3. Repatriation

- a. Name of Cemetery / Mausoleum / Columbarium
- b. Location:
- c. Province of:
- d. Country:

IV. I desire as my final wish that upon my death, that My Executor / Administrator / or the Embassy notify my immediate family according to the notification of family that I have set forth in (Appendix 3)

And I hereby declare give and bequeath:

V. To my beloved wife

I give and bequeath the following property to wit:

V-1. To my esteemed children, and

I give and bequeath the following properties to wit:

/ In equal shares;

V-2. To my dear brother / Sister,

I give and bequeath the following properties to wit:

V-3. To my current loyal significant other

I give and bequeath the following properties to wit:

Example For: V-1 / V2 / V3 to Wit

All my personal possessions, my military memorabilia items and all household items in the kitchen, bedrooms, office, living room, dining room, bathrooms, and exterior of my current residence

LAST WILL AND TESTAMENT

To close all Philippine and US Banks Accounts, that are listed below with the Banks Name /Account Number and Account Holder Name or Names

- 1.
- 2.

Example:

1. BPI Philippines / John Doe or John and Harriet Doe or John or Harriet Doe
2. US Banks / John Doe or John and Harriet Doe or John or Harriet Doe

If still married but separated if needed

That I am still married to

Print Full Name

However, she abandoned and left me since

Insert complete date

Without any justifiable cause.

That I have sufficient cause to disinherit

Print Full Name

Under Act. 921 par. (4) Of the Civil Code of the Philippines considering that she has abandoned me and has committed infidelity, which are valid grounds to institute a case for legal separation against her, therefore, I am disinheriting her from my Estate

That I have or have no legitimate Children with:

Print Full Name

LAST WILL AND TESTAMENT

And I hereby declare and designate

(Printed Full Name)

To be the executor and administrator of this My Last Will and Testament and in his / her incapacity, I name and designate:

(Print Full Name)

VI. I hereby direct that the executor / administrator of this Last Will and Testament or his / her substitute to administrate and execute My Living Medical Will as, I have set forth in, (Appendix 1), If I am in a terminal condition or a Permanently unconscious condition and upon my death My Funeral Arrangements, as, I have set forth in (Appendix 2), the notification of family that I have set forth in (Appendix 3) or my executor in the United States

VII. I hereby direct that the executor / administrator of this Last Will and Testament or his / her substitute of this Special Power of Attorney includes a provision for a sudden medical emergency or my sudden death as I have set forth in (Appendix's 1, 2 and 3)

VIII. I hereby direct that the executor / administrator of this Last Will and Testament or his / her substitute of this Special Power of Attorney includes a provision for entry into my home to check on the condition of my home and secure my personal papers, my possessions during an illness or accident, a sudden medical emergency, my sudden death or check on my well-being.

IX. I hereby direct that the executor and administrator of this Last Will and Testament or his / her substitute of this Special Power of Attorney includes a provision to sell, assign, transfer and /or convey my respective interest in my Motor Vehicle / Vehicles' or Motorcycles

LAST WILL AND TESTAMENT

And I hereby declare and designate and direct

X. That the executor and administrator of this Last Will and Testament or his / her substitute need not present or require a bond;

XI. I hereby revoke, set aside and annul all my other Philippine Wills' or testamentary dispositions that I have made, executed, signed or published preceding this Last Will and Testament.

XII. Yes, I do have a requirement for a US Will and I / **do** / **do not** / have one.

OR

No, I do not have a U.S. Will and I do not require one

LAST WILL AND TESTAMENT

IN WITNESS WHEREOF, I have hereunto affixed my signature

This _____ day of _____, 20____, in _____ Province of
Pampanga, Philippines.

**(Signature over Printed Full Name)
Declarant**

WITH A LOCAL RESIDENT ADDRESS OF:

Street Address:

Subdivision:

Barangay:

Location:

Province:

Country:

ATTESTATION CLAUSE

We, the undersigned attesting witnesses, do hereby affirm that the forgoing is the Last Will and Testament and Living Will of

(Printed Full Name)
Declarant

And we certify that the testator executed this document while of sound mind and memory. That the testator signed this document in our presence, at the bottom of the last page and on the left hand margin of each and every page; and we, in turn, at the testator's behest have witnessed and signed the same on every relevant and material page thereof, on the left margin, in the presence of the testator and of the notary public, this ____ day of _____, 20____ in Angeles City, Province of Pampanga, Philippines.

First Witness:

(Signature of Witness over Printed Name)

Complete Address:

Second Witness:

(Signature of Witness over Printed Name)

Complete Address:

Third Witness:

(Signature of Witness over Printed Name)

Complete Address:

JOINT ACKNOWLEDGMENT

BEFORE ME, Notary Public for and in the city of _____, Province of _____
Country:

personally, appeared and all known to me to be the same persons who executed the foregoing Wills, the first as testator and the last as instrumental witnesses, and they respectively acknowledged to me the same as their own free act and deed.

This Last Will and Testament, Living Will and Final Burial Arrangements consists of ___ page/s, including the page on which this acknowledgment is written, and has been signed on the left margin of each page thereof by the testator and his witnesses, and sealed with my notarial seal.

IN WITNESS WHEREOF, I have hereunto set my hand the day, year, and place above written.

Notary Public

Doc. No. _____;

Page No. _____;

Book No. _____;

APPENDIX 1: LIVING MEDICAL WILL

Declaration made this ____ day of the month of _____, 20 ____.

that I,

(Print your Full Name)
Declarant

Prefer that an autopsy not be performed on me upon my death, due to the fact that I am on Home Hospice Care and under a Doctor's Care who will sign my Death Certificate upon my death, or that my death occurred in a hospital after 1 day.

My Executor / administrator of My Last Will and Testament.

And in his / her incapacity, I name and designate:

(Printed Full Name)

Per my instructions, my executors named above also will not allow an autopsy to be performed on me upon my death unless required because my death was of suspicious nature.

Being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below.

LIVING MEDICAL WILL

I do hereby declare:

If at any time I should have an incurable injury, disease, or illness certified of a terminal condition, or a permanently unconscious condition by two (2) physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized or that I will remain in a permanently unconscious condition and where the application of life-sustaining procedures would serve only to artificially prolong the dying process.

I do hereby declare and direct:

That such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary to provide me with comfort care.

I realize that situations could arise in which the only way to allow me to die would be to discontinue artificial nutrition and hydration.

Therefore, **I / Do Not / Do / authorize that artificial nutrition and hydration / Not be / be / started or, if started, be discontinued in carrying out these instructions I have given under this section.**

I desire / **to Have /Not to Have / a DO NOT RESUSCITATE ORDER**

LIVING MEDICAL WILL

THAT MY DO NOT RESUSCITATE ORDER BE AS FOLLOWS:

I desire not to have resuscitative measures in the event of a Cardiopulmonary arrest, incurable injury, disease, or illness certified to be of a terminal condition, or a permanently unconscious condition

That all resuscitative measures are to be withheld, including Chest Compressions, Intrusive Assisted Ventilation, Endotracheal Intubation, Defibrillation, and Cardiopulmonary Drugs and Resuscitation and Kidney Dialysis.

I do hereby declare and direct:

That I understand DNR means that if my heart stops beating or if I stop breathing, no Medical Functioning procedures will be done or instituted to restart my breathing or my heart

I hereby direct that the executor / administrator of my Last Will and Testament or his / her substitute to Administrate and execute My Living Medical Will as, I have set forth in, (Appendix 1), If I am in a terminal condition or a permanently unconscious condition

In the absence of my ability to give directions regarding the use of such life-sustaining procedures **to / not to** donate my organs or to donate my body to science, it is my intention that this declaration shall be honored by my family / My Executor / Administrator and physicians as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

LIVING MEDICAL WILL

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

**(Signature over Printed Full Name)
Declarant**

WITH A LOCAL RESIDENT ADDRESS OF:

Street Address:

Subdivision:

Barangay:

Location:

Province:

Country: Philippines

We, the following witnesses, being duly sworn each declare to the notary public or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes expressed, or expressly directed another to sign for him.
2. Each witness signed at the request of the declarant, in his or her presence, and in the presence of the other witness.
3. To the best of my knowledge, at the time of the signing the declarant was at least 18 years of age and was of sane mind and under no constraint or undue influence.

ANATOMICAL AND DISPOSITION INFORMATION

Upon my death I:

1. Do not wish to donate my organs.
2. Do not have an organ donor card.
3. Do not wish to donate any individual organs.
4. Do not wish my remains be donated to

Medical Science or a Medical Science Institution

OR

A. I do wish to donate my organs.

B. I do have an organ donor card.

C. I wish to donate the organs checked below:

_____Heart _____Lungs _____Kidneys _____Liver

_____Skin _____Bone _____Cornea

D. I do wish to have my remains donated to Medical Science or a Medical Science Institution and the preferred institution is:

APPENDIX 2: FUNERAL PRE-ARRANGEMENTS

Name of Client:

(Print Full Name)

Suffix (e.g., Sr., Jr.) _____

FUNERAL HOME PREFERENCE:

I have made my funeral pre-arrangements with:

A. Funeral Home's Name: _____

B. Phone Number: _____

I have not made my funeral pre-arrangements, but I prefer that this Funeral Home be used:

A. Funeral Home's Name: _____

B. Phone Number: _____

I have designated:

/

(Print Their Full Name)

My primary / alternate executor / administrator to execute my funeral arrangements in accordance with My Last Will and Testament and to sign and submit all necessary paperwork to close out my estate and to execute and distribute the funding I have set aside to pay for my funeral.

PRE-ARRANGEMENTS

CLIENT'S INFORMATION:

Full Name:

Suffix (e.g., Sr., Jr.)

**Other Names /
Alias Know as**

Social Security Number:

Date of Birth:

**Place of Birth:
(City and State)**

Passport Number:

Expiration Date:

**Date of Arrival /
Residence in Country:**

Marital status: (Single, Married, Widowed, Divorced)

Spouse Full and Maiden Name:

Religious Affiliation: (Catholic / Protestant / No Preference / etc.)

Marriage License: Yes _____ No _____

A. Date of Marriage _____

B. Place of Marriage _____

PRE-ARRANGEMENTS

Widow of Deceased Husband's Full Name/

(First) (Middle) (Last)
(Print His / Her Full Name)

(Maiden) (Last)

Date of Death of Spouse/Husband _____

Place of Burial of Spouse/Husband _____

CURRENT LOYAL SIGNIFICANT OTHER'S FULL NAME:

(First) (Middle) (Last)
Print His / Her Full Name)

Affidavit of Marriage: Yes____ No_____

a. Date of issue of Affidavit _____

b. Place of issue of Affidavit _____

c. Affidavit Verified / Certified by Embassy / Yes____ No_____

PRE-ARRANGEMENTS

CURRENT LOCAL ADDRESS:

Street Address:

Subdivision:

Barangay:

City:

Province:

Country:

Father's Full Name:

Mother's Full (Maiden) Name:

OVERSEAS / US RESIDENCE ADDRESS:

Street Address:

City/ Town / Village:

State:

Country:

EDUCATION INFORMATION:

Name of High School / College Attended:

Graduated High / Trade School or College Degree:

City and State:

PRE-ARRANGEMENTS

PHILIPPINE IMMIGRATION STATUS:

a. Visa Type:

b. Visa Status:

c. Valid From: To
 (Month / Date / Year)

d. **Fill in the appropriate Registration Number**

1. Special Security (SSRN):

Registration Number

2. Valid Alien:

Registration Card Number

3. I Card Number:

WORK INFORMATION:

Current / Retired Last / Employee:

Occupation:

Position:

Type of Business:

From (Date): to

Retirement (Date):

SERVED IN THE US MILITARY: Yes / No

PRE-ARRANGEMENTS

MILITARY SERVICE INFORMATION:

Social Security Number:

Service Number:

Branch of service:

Date of entry into active service:

From: _____ to _____

Date of discharge:

Rank at Discharged:

Type of Discharged:

Years Served:

Highest Award:

DD-214 at:

Member of: _____ VFW / American Legion / DAV / VVA

Disabled Veteran: _____ Yes / No

VETERAN'S BURIAL INFORMATION:

Clark Veterans Cemetery requires the following documents for a

1. Interment (Casket) Burial

- A. A clear copy of the DD214
- B. One (1) Death Certificate-Certified True Copy
- C. Burial Permit
- D. If Required a Transfer Permit

2. Inurnment (Urn) Burial

- A. A clear copy of the DD214
- B. One (1) Death Certificate-Certified True Copy
- C. Cremation Permit
- D. Crematory's Certification of Cremation
- E. If Required a Transfer Permit

3. Rendering of Military Honors at the Plaza No Burial

- A. A clear copy of the DD214
- B. One (1) Death Certificate-Certified True Copy

These burial documents will be submitted for the Fallen Comrade's family by the Casualty Assistance Office at The American Legion Post 123 to Clark Veterans Cemetery for scheduling of burial.

VETERAN'S BURIAL INFORMATION:

It could take Two (2) to Three (3) days not counting weekends and holidays for a burial approval from the American Battle Monument Commission (ABMC), and from the Clark Development Corp. (CDC) for Burial at Clark Veterans Cemetery.

The American Battle Monument Commission (ABMC), Clark will Review the documents before sending them to Clark Development Corp, (CDC) who will give the final approval of the day and date of the burial at Clark Veterans Cemetery by the family.

It is the Clark Veterans Cemetery Policy that the funeral cortege arrive at the Cemetery Twenty (20) to Thirty (30) minutes before the start of the service.

No burials are conducted at the Clark Veteran Cemetery on American or Philippine holidays.

VFW Post 2485 Honor Guard performs Rendering of Military Honors from Tuesday thru Thursday only on-site or in Local Area.

VETERAN'S BURIAL INFORMATION:

Burial at the Clark Veterans Cemetery, CFZ are held as follows:

A. Interment (Casket) Services for burial are:

1. Tuesday thru Thursday at 10:00 a.m. with Military Honors
2. Friday no Military Honors, Burial only

B. Inurnment (Urn) Services for burial are:

1. Tuesday thru Thursday at 10:00 a.m. with Military Honors
2. Friday no Military Honors, Burial only

C. Rendering of Military Honors with no burial are:

1. Tuesday thru Thursday at 10:00 am

For Consultation, you may contact:

1. Neil J. McAuliffe - 0949-644-1280
2. The American Legion
Department of the Philippines – 0961-247-8337 / 045-322-7910
3. Cynthia C. Bernardo - 0998-910-3345
(VFW Post 2485 Administrative Assistant)

EMERGENCY AFFIDAVIT

IN CASE OF:

A MEDICAL EMERGENCY / MY SUDDEN DEATH, I WANT THE FOLLOWING PERSONS TO BE NOTIFIED, WHO LIVE HERE AND KNOW OF MY ARRANGEMENTS AND WHO HAVE A SPECIAL POWER OF ATTORNEY TO ACT IN MY BEHALF ARE:

My friend / close relative / Executor:

Name: (First): (Middle): (Last):

Relationship:

Telephone Number:

My friend / close relative / Executor:

Name: (First): (Middle): (Last):

Relationship:

Telephone Number:

EMERGENCY AFFIDAVIT

THESE ARE THE NAMES, PLACES AND PHONE NUMBERS OF WHERE I WANT TO BE TAKEN IN CASE OF A MEDICAL EMERGENCY OR MY SUDDEN DEATH

HOSPITAL OF MY CHOICE:

Name of Hospital:

Street address:

City:

Telephone Number:

EMERGENCY CITY AMBULANCE SERVICES

Telephone Number: 911

FUNERAL HOME OF MY CHOICE:

Name of Funeral Home:

Street address:

City:

Telephone Number:

EMERGENCY NOTIFICATION

PHYSICIAN OF MY CHOICE:

Name:

Suffix (e.g., Sr., Jr.)

Street address:

City:

Telephone Number:

LAWYER OF MY CHOICE:

Name:

Street address:

City:

Telephone Number:

I have hereunto affixed my signature to this emergency affidavit on

This _____ day of _____, 20_____, in _____

Philippines

**(Signature over Printed Name)
Declarant**

TRADITIONAL CASKET FUNERAL

I would like a:

_____ Traditional Casket and Visitation Service

_____ Direct Casket Burial with No Visitation

I prefer that:

A. I _____ Do not _____ Have a Funeral Home Service.

B. I _____ Do not _____ Have a Home Service.

I prefer that:

A. _____ Open Casket _____ Closed Casket

B. I Have Half Coach Casket _____

C. I have a Full Coach Casket _____

I prefer that:

I do _____ I do not _____ have Visitation.

I prefer that I have:

A. _____ Public _____ Private visitation

I prefer that my:

A. Visitation to be held for:

1. _____ Day _____ Days

2. _____ Hour _____ Hours

I prefer that I have:

1. A Church Service Yes _____ No _____

2. A Funeral Home Service Yes _____ No _____

3. A Service at the Home Service Yes _____ No _____

4. A Committal Service at the Cemetery Yes _____ No _____

CEMETERY REQUIREMENTS:

I prefer that I have a:

- Traditional Burial, with Military Honors
- Traditional Burial with a Graveside Service
- Direct Burial with Military Honors
- Direct Burial with a Graveside Service
- Rendering of Military Honors, No Burial
- Other

I prefer that:

The Casket should be open closed at the Grave.

I prefer that this in country Cemetery / Mausoleum be used and its location is:

- A. Name of Cemetery / Mausoleum
- B. Location:
- C. Province of:
- D. Country:

Additional instructions or considerations for a US Burial or Entombment are:

1. My preferred US Cemetery / Mausoleum and its location is:

- a. Name of Cemetery / Mausoleum:
- b. City / Town / Village:
- c. State:
- d. Country:

CREMATION SERVICE

I prefer and wish to have:

- _____ Direct Cremation
- _____ Direct Cremation with a Memorial Service
- _____ Direct Cremation with a Special Memorial Service

I prefer that:

A. If not required I, **do** _____ **do not** _____ wish for my body to be embalmed before cremation.

Please remove all jewelry and personal effects before cremation and return to:

(First) _____ (Middle) _____ (Last) _____

I prefer that I:

- A. **Do** _____ **Do not** _____ have a Memorial / Special /Service.
- B. **I** _____ **Do not** _____ Have a Funeral Home Memorial Service.
- C. **I** _____ **Do not** _____ Have a Home Memorial Service.

I prefer that I have a:

A. Public _____ Private _____ Special _____ Memorial Service _____ .

I prefer that my Special Memorial Service be held at: (Print Location)

I prefer that my:

A. Memorial / Special Memorial Service be held for:

- 1. _____ Day _____ Days
- 2. _____ Hour _____ Hours

I prefer that I have:

- 1. A Church Service Yes _____ No _____
- 2. A Funeral Home Service Yes _____ No _____
- 3. A Service at the Home Service Yes _____ No _____
- 4. A Committal Service at the Cemetery Yes _____ No _____

BURIAL REQUIREMENTS

I prefer that I have a:

- Urn Burial with Military Honors
- Urn Burial with a Graveside Service
- A Direct Urn Burial with Military Honors
- A Direct Urn Burial with Graveside Service
- Rendering of Military Honors No Inurnment Burial
- That my Ashes be Scattered
- Other

I prefer that this Cemetery / Mausoleum / Columbarium in country or abroad be used for the Burial of my Urn:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. Location:
- C. Province of:
- D. Country:

I prefer that 50% of my ashes be buried in country or / and 50% Abroad:

1. Country:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. Location:
- C. Province of:
- D. Country:

2. Abroad:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. City:
- C. State:
- D. Country:

BURIAL REQUIREMENTS:

I wish my ashes be sent to:

Name: _____

Relationship: _____

If being mailed to US / Abroad or elsewhere include the following

Street address: _____

Subdivision: _____

Province / City: _____

State / Country: _____

Zip Code: _____

The following are the requirements needed if ashes are to be sent abroad:

1. Verification that Crematory is Certified or Approved by Embassy
2. Death Certificate-Certified True Copy
3. Original Cremation Permit
4. Original Certificate of Cremation
5. Original Transfer Permit of Ashes from Angeles City to destination when being mailed
6. Taken on a Plane the following additional information is required:
 - A. Original Transfer Permit of Ashes from Angeles City to Pasay City Only
 - B. Transit Permit (Pasay City Hall) to Destination
 - C. US Embassy Entrance Paperwork

Note: Preferred method of transportation of ashes going abroad for inspection purposes is a shipping box

AUTHORIZATION FOR CREMATION

I, the undersigned, do hereby authorize and request

LA Pietà Memorial Chapel's and Crematory in Angeles City

Or

Angeles City Public Cemetery and Crematory Sapalibutad Angeles City

Upon my death, to cremate the human remains of myself,

(First)

(Middle)

(Last)

Suffix (e.g., Sr., Jr.) _____

Verification of Identification Requirement:

Social Security Number:

Passport Number:

And further, I hereby agree to indemnify and hold LA Pieta Memorial Chapel's and Crematory Or Angeles City Public Cemetery and Crematory

Its officers, agents, and employees harmless from all claims, suits, or causes of action, Thereof, brought by any person, firm or corporation, or the personal representative thereof, arising Out of this request for cremation.

(Signature over Printed Name)

Declarant

AUTHORIZATION FOR CREMATION

The affidavit shall be made before a notary public or other official authorized to administer oaths in the place of execution who shall not also serve as a witness, and who shall complete and sign a certificate in content and form substantially

We, the following witnesses, being duly sworn each declare to the notary public or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes Expressed, or expressly directed another to Sign for him.
2. Each witness signed at the request of the declarant, in his or her Presence, and in the presence of the other witness.
3. To the best of my knowledge, at the time of the signing the Declarant was at Least 18 years of age, and was of sane mind and under no constraint or undue Influence.

Witness One:

(Signature over Printed Name)

Address:

Witness Two:

(Signature over Printed Name)

Address:

Witness Three:

(Signature over Printed Name)

Address:

CASKET & CREMATION SERVICE

I would like a:

_____ Traditional Casket with a visitation service followed by Cremation

I prefer that:

A. I _____ Do not _____ Have a funeral home service.

B. I _____ Do not _____ Have a home service.

I prefer that I:

A. _____ Have a rented half couch casket

B. _____ Purchase a half couch casket

C. _____ Purchase a half couch casket and donate to a local charity

I prefer that I have a:

A. _____ Open Casket _____ Closed Casket

I prefer that:

A. I do _____ I do not _____ have Visitation

CASKET & CREMATION SERVICE

I prefer that I have:

A. ____ Public ____ Private visitation.

I prefer that my:

A. Visitation to be held for:

1. ____ Day ____ Days

2. ____ Hour ____ Hours

I prefer that I have:

1. A Church Service Yes ____ No ____

2. A Funeral Home Service Yes ____ No ____

3. A Service at the Home Service Yes ____ No ____

4. A Committal Service at the Cemetery Yes ____ No ____

Please remove all jewelry and personnel affects before cremation and return to:

(First)

(Middle)
(Print Name)

(Last)

CASKET WITH CREMATION SERVICE BURIAL REQUIREMENTS:

I prefer that I have a:

_____ Inurnment Burial with Military Honors

_____ Inurnment Burial with a Graveside Service

_____ Interment with Urn Burial with Military Honors

_____ Interment with Urn Burial with a Graveside Service

_____ Direct Interment with Urn Burial No service

_____ Direct Inurnment Burial with No Services

_____ Rending of Military Honors No Urn Burial

_____ That my Ashes be Scattered with No Services

_____ Other

BURIAL REQUIREMENTS:

I prefer that this Cemetery / Mausoleum / Columbarium in Country or Abroad be used for the Interment or Inurnment Burial:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. Location:
- C. Province of:
- D. Country:

I prefer that this Cemetery / Mausoleum / Columbarium in Abroad be used for the Inurnment Burial:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. Location:
- C. Province of:
- D. Country:

I prefer that 50% of my ashes be buried in Country and 50% Abroad:

1. In Country:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. Location:
- C. Province of:
- D. Country:

2. Abroad:

- A. Name of Cemetery / Mausoleum / Columbarium
- B. City:
- C. State:
- D. Country:

If being mailed to US / Abroad or elsewhere include the following:

I wish my ashes be given or send / to:

Name:

Relationship:

Street address:

Province / City:

State / Country:

Zip Code:

BURIAL REQUIREMENTS

If being mailed or carried to the US / abroad or elsewhere include the following are requirements that will be needed:

1. Verification that Crematory is Certified or Approved by Embassy
2. Death Certificate-Certified True Copy
3. Original Cremation Permit
4. Original Certificate of Cremation
5. Original Transfer Permit of Ashes from Angeles City to Destination when being mailed

6. Taken on a Plane the following additional information is required:
 - a. Original Transfer Permit of Ashes from Angeles City
To Pasay City Only
 - B. Transit Permit (Pasay City Hall) to Destination
 - C. US Embassy Entrance Paperwork

AUTHORIZATION FOR CREMATION

I, the undersigned, do hereby authorize and request:

LA Pietà Memorial Chapel's and Crematory, Angeles City or

Angeles City Public Cemetery and Crematorium Barangay

Sapalibutad Angeles City upon my death, to cremate my human remains

_____ (First)

_____ (Middle)

_____ (Last)

(Print your Full Name)

Suffix (e.g., Sr., Jr.) _____

Verification of Identification Requirement

Social Security Number:

Passport Number:

And further, I hereby agree to indemnify and hold LA Pieta Memorial Chapel's and Crematory or Angeles City Public Cemetery and Crematory or Angeles City Public Cemetery and Crematorium, its officers, agents, and employees harmless from all claims, suits, or causes of action, Thereof, brought by any family member or person, firm or corporation, or the personal representative thereof, arising out of this request for cremation.

(Signature over Printed Name)
Declarant

AUTHORIZATION FOR CREMATION

We, the following witnesses, being duly sworn each declare to the notary public or other official signing below as follows:

1. The declarant signed the instrument as a free and voluntary act for the purposes expressed, or expressly directed another to sign for him.
2. Each witness signed at the request of the declarant, in his or her presence, and in the presence of the other witnesses.
3. To the best of my knowledge, at the time of the signing the Declarant was at least 18 years of age, and was of sane mind and under no constraint or undue influence.

Witness One:

(Signature over Printed Name)

Address:

Witness Two:

(Signature over Printed Name)

Address:

Witness Three:

(Signature over Printed Name)

Address: