

MY BURIAL WISHES

7" x 7"

In recognition of the fact that there may come a time, after my death, when decisions will need to be made with regard to the care and disposition of my body, it is my desire and I, _____,

(Hebrew Name)

(Father's Hebrew Name)

do hereby direct that

A. I object to any autopsy of my body except when permitted by Jewish law
B. My funeral should be conducted with the dignity and respect accorded by Jewish law and tradition as described in the pamphlet entitled: "Dignity For The Body / Peace For The Soul."

Designation of Rabbi or Alternate: Promptly, upon my death, in addition to or in the absence of my family, please notify:

Rabbi: _____

Address: _____

Tel. Day: _____

Evening: _____

I request that any questions that may arise at the time of my death regarding dissection or autopsy of my body, donation of body organs, or the preparation for and the time of my burial, be made in consultation with the Rabbi.

If the Rabbi listed is unavailable, please contact: Rabbi/Cong./Inst./Org./Chevra Kadisha

Name: _____

Address: _____

Tel. Day: _____

Evening: _____

Location of Documents and Grave Information:

My Last Will and Testament is located at: _____

The deed or permit for my grave is located at: _____

Name of cemetery: _____

Grave location: Sec. _____

Block no. _____

Row _____

Grave _____

To receive grave information please call:

Name: _____

Address: _____

Tel. Day: _____

Evening: _____

Funeral Arrangements: The funeral home where I

- have already made pre-arrangements is:
 would like to have my funeral arranged is:

Name: _____

Phone: _____

Ask for: _____

Signature _____

Date _____

(If you are not physically capable of signing, another person may sign your name on your behalf).

DECLARATION OF WITNESS

I declare that the person who signed (or asked another to sign) this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. This document was signed in my presence.

Witness: _____

Residing at: _____

(It is recommended that copies of this form be given to the Rabbi and the alternate designated therein, to the funeral director and to your doctor, lawyer, family members, friends or social workers who are likely to be contacted in the event of your death).