



ADVANCE PLANNING CHECKLIST

Please fill out Section I of this form and print a copy before meeting with one of Sinai's funeral directors. We will go over the rest of the form with you during the meeting.

SECTION I:

Name of person for whom this plan applies:

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Hebrew Name _____

Marital Status _____ Social Security No. _____ - _____ - _____

If married, name of spouse _____

Spouse's maiden name _____

Place of marriage _____ Date of marriage _____

SECTION II:

Choices regarding disposition of body Burial Cremation

If burial: Traditional cleansing of body (*taharah*) Yes No

Traditional use of *tachrichim* (burial shroud) Yes No

Specific preferences regarding the casket: _____

If burial, remains to be placed In-ground In crypt In mausoleum

If cremation, cremains Placed in urn Buried Scattered (preferred location: _____)

Choice of service: ___ Funeral ___ Memorial Service

Location of service: ___ Sinai Memorial Chapel

___ Cemetery chapel (Name and location of cemetery: _____)

___ Graveside (Name and location of cemetery: _____)

___ Synagogue (Name and location: _____)

Details about service:

Music: ___ Yes ___ No If Yes, specific requests for music played or performed:

Do you want flowers displayed at the service? ___ Yes ___ No

If Yes, what kind (if available): _____

Whom would you like to officiate? _____

Contact information for that person: _____

Any other details regarding the service? _____

If you would like someone to read a letter or statement at the service written by you, or a special poem or prayer, please include a copy with this form and include these materials with any copies of this form that you leave with family and/or friends.

If someone other than the person for whom this plan applies is completing this form, please provide the following information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature of person completing this form: _____

Date: _____

For additional information, feel free to contact us at Sinai Memorial Chapel at (415) 921-3636.