

# MY BURIAL WISHES

Upon my death, with regard to the care and disposition of my body, it is my wish and desire that the following take place.

\_\_\_\_\_  
*Legal Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*English and Hebrew Name*

\_\_\_\_\_  
*Father's English and Hebrew Name*

\_\_\_\_\_  
*Mother's English and Hebrew Name*

Do hereby direct that

- ☐ My body should be buried and not cremated \_\_\_\_\_ (*Initial*)
- ☐ I should receive a Tahara and my funeral should be conducted with the dignity and respect accorded by Jewish Law and Tradition. \_\_\_\_\_ (*Initial*)
- ☐ I object to any autopsy of my body except when permitted by Jewish Law or required by Provincial Law. \_\_\_\_\_ (*Initial*)

## DESIGNATION OF RABBI AND/OR BURIAL WISHES EXECUTOR:

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

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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 in consultation with the above Rabbi or my Executor.

## LOCATION OF DOCUMENTS AND GRAVE INFORMATION

My Last Will and Testament is located at \_\_\_\_\_

The deed, permit or license for my grave is located at \_\_\_\_\_

Name of cemetery \_\_\_\_\_

Grave Location: Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

## FUNERAL ARRANGEMENTS

The funeral home where I

- ☐ have already made pre-arrangements is The United Hebrew Memorial Chapel of Hamilton
- ☐ would like to have my funeral arranged is The United Hebrew Memorial Chapel of Hamilton

Name \_\_\_\_\_

Phone number \_\_\_\_\_

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 Name:*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Address*

***It is recommended that copies of this form be given to the Rabbi, Funeral Home Executor, Lawyer, Family Members, Care Givers or Social Workers who are likely to be contacted in the event of your death.***