

My Burial Wishes - Form #1

This letter concerns matters of extreme importance to me. I trust that you will honor my last and most fervently held wishes and desires.

Although I admit that I have lived my life not always in complete accordance with Jewish laws, customs and traditions, I strongly desire to leave this world fully in accordance with the practices of our eternal people. In the haste and grief that accompanies the passing of a loved one, often irreparable harm is done to the soul and body of the deceased. Therefore, I plead of you to treat my last rites with compassion in accordance with my sincere wishes.

This is what I want:

- Kosher wood casket.
- No autopsy, no cremation, no embalming.
- To be buried underground, not in a mausoleum.
- No viewing of my remains after death.
- The Tahara (purification) and Tachrichim (shrouds) to be taken care of by the Jewish Sacred Society. Please call them immediately upon learning of my demise at 786-877-9277 or 305-947-6000
- Shmira (watchman) to be provided for at the Funeral Home.
- To my immediate family members, please observe the customary Jewish mourning practices (Kriah, Shiva, Kaddish, and so forth). If you have any questions, please contact the Jewish Sacred Society.

For adherence to my wishes, may the Creator grant you health and happiness, and the satisfaction of knowing that you have complied fully with my instructions and brought comfort to my soul.

Signed _____

Name (print) _____

Address _____

Phone number _____

Date _____

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The following form should be printed out, filled in and given to the persons designated below.

MY BURIAL WISHES - FORM #2

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: \_\_\_\_\_ Eve. \_\_\_\_\_

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: \_\_\_\_\_ Eve. \_\_\_\_\_

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: \_\_\_\_\_ Eve. \_\_\_\_\_

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).