Personal Wishes Upon Death

| | | English Name: |
|-----|-------|---|
| | | Complete Address: |
| | | Phone: Cell: |
| | | Emergency Contact: |
| | | Phone: Cell: |
| DΛ | RT I: | |
| - | | Hebrew Name: |
| | | Father's Hebrew Name: |
| | | Was father a Kohen, Levi, or Yisrael? |
| | | Mother's Hebrew Name: |
| | | Was mother a bat-Kohen, Levi, or Yisrael? |
| DA | RT II | |
| | | : oden Casket? □ yes; □ no; □ don't care |
| | | be washed by the Jewish burial society (Chevra Kaddisha): 🗆 yes; 🗆 no; 🗆 don't care |
| | | have someone sit with the deceased during the evening and to recite from the Book of <i>Tehillim</i> (Psalms): |
| | | □ yes; □ no; □ don't care |
| | | be buried in traditional linen burial shrouds: □ yes; □ no; □ don't care |
| 5. | Chi | ldren to observe <i>Shiva</i> with services at home: |
| | | a. Morning: upes; upo; upon't care |
| | | b. Evening: □ yes; □ no; □ don't carec. How many days: □ full 7 days; □ lesser number of days (how many?) |
| 6 | Chil | dren to recite mourner's <i>kaddish</i> each day for: |
| 0. | Cilii | □ full 11 months; □ a lesser period of time (how long?); □ don't care |
| 7. | То | observe <i>Yizkor</i> services 4 times a year: □ yes; □ no; □ don't care |
| 8. | Chi | ldren and/or grandchildren should remain after the burial service to throw some earth on the casket: |
| | | □ yes; □ no; □ don't care |
| | | ial services should be: □ graveside; □ synagogue; □ don't care |
| 10. | Yah | przeit should be commemorated each year by the recitation of kaddish at night and in the morning: |
| 11 | Sho | □ yes; □ no; □ don't care pull friends; □ don't care pull friends and relatives be encouraged to make a donation to a specific charity? □ yes; □ no; □ don't care |
| | 5110 | If so, is there a charitable preference? |
| 12 | Cor | nplete Hebrew name including parents' name for headstone: |
| 12. | COI | mplete hebrew hame including parents hame for headstone. |
| | | - |
| | RT II | |
| Per | sona | al Comments to members of the family and/or Ethical Will: (attach another sheet if preferred) |
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| | | |
| | | Signed: |
| | | Print name: |
| | | Date: |