

FINAL WISHES FORM

Purpose of form: The information in this form provides *guidance* to the (____) Fire Chief regarding your wishes to be carried out upon your death.

Privacy Statement: This information may be protected by the current laws, rules, regulations, and policies regarding privacy and confidentiality as mandated by the (____) Fire Department and Rescue Squad, Inc., City of (____) and the State of Nebraska or any other agency or branch of government.

Instructions for completing this Final Request Form: Before completing this form, read each statement carefully on the Memorandum which accompanies this form. After you have read the Memorandum, complete each item on this form. If the item does not apply or you prefer not to provide the Information, specify by writing 'N/A' to the item. Please print or type.

General Information Section:

Your legal name: _____ Today's date: _____

Your fire department EMS number at the time of completing this form: _____

Your current home address at the time of completing this form:

Spouse's name (or Parent's name and address) at the time of completing this form:

Name(s) and address (es) of children (if the child's address is your current address please write "current address"):

Name, address, and telephone number of a family member not living in your household who may need to be notified and/or included in decisions regarding the Information on this Form:

List your religious preference: _____

Provide the name, address and telephone number of any church, chapel, faith community, and the name of the Priest, Minister, Pastor, Rabbi, Deacon, or other person from (____) coordination:

Will the services be held in (____) or surrounding community? Yes No.

If no, list where the final services will be conducted:

If the services will be conducted out-of-state, if reasonable, do you wish (____) be represented at the services? Yes No.

Firefighter Funeral Section:

List any fraternal organizations, which may request/require participation (e.g., rosary, prayer service, official organizational service, etc.) at the wake or funeral (i.e., Knights of Columbus, Mason, Veterans of Foreign War, American Legion, etc.):

Check and enter the name, address or the location of the memorial services:

Funeral home; Home; Chapel; Church; Other. If other, list:

Do you wish to have the (____) Chaplain involved in the service? Yes No.

If yes, list any specific roles or responsibilities for the (____) Chaplain:

Do you wish the Honor Guard to participate in the service? Yes No.

If yes, list who should be the Pallbearers and/or Honorary Pallbearers from (____) and/or (____) Honor Guard:

Do you request a (____) officer or member to provide a eulogy? Yes No.

If yes, please list the name(s) who you request to fill this role:

During the time from the death through the funeral, would you want a firefighter or two to remain with your family? Yes No.

If yes, do you wish to designate one or more firefighters for that role?

Do you wish the Fire Chief to make the selection?

If yes, list the name(s) of the individual(s):

Do you wish the (____) Honor Guard to conduct the ringing of the Four-Fives? Yes
 No.

If yes, do you wish this to occur at the: church/chapel funeral home cemetery.

Do you wish the 911 Emergency Communications Center to call for the last alarm?
Yes No.

If yes, do you wish this to occur at the: church/chapel funeral home cemetery.

Do you wish to have the "last man detail" on (____) apparatus? Yes No.

If yes, list the truck on which the last man detail should be carried:

Do you wish your coffin to be transported on Engine (____)? Yes No.

If yes, do you wish this to occur from: church/chapel funeral home cemetery?

Do you wish a procession of apparatus? Yes No.

List any specific apparatus you wish to have in the procession:

Following the services, do you wish to have a social gathering at the fire station? Yes
 No.

If yes, provide any specific instructions concerning the gathering:

Members of the Armed Services – Active, Retired, and Reserved Special Section:

Check if veteran: Yes No. Check if active duty or reserve: Yes No.

For active and reserve armed services members, list your unit and provide address and telephone number of your Command's squadron's office:

Will taps be performed by an armed services or veterans organization? Yes No.

American Flag folding/presentation, should this be done by an armed services or veterans organization ? () ? () Honor Guard ? Agency Combination ?

Line of Duty Death (LODD) Special Section:

If this is a line of duty death (LODD), following proper family notifications, do you want?

Your photo Yes No or name Yes No released to the news media?

Once immediate family notification has occurred, who else should be notified?

Other Pertinent Information Section, Past Medical History/Allergies:

List any other pertinent Information (use extra sheets if necessary):

Do not forget to sign, date, notarize and seal Information in an envelope and provide it to ().