



FUNERAL ARRANGEMENTS CONTACT PLAN

Integrated Long-Term Care and Assisted Living

Form ID: ADDH106230

Rev: January 2023

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I direct that at the time of my death, the _____
(Integrated Long-Term Care or Assisted Living community) is to make contact with one of the following individuals to provide direction concerning my funeral service arrangements.

I understand and agree that the _____
(Integrated Long-Term Care or Assisted Living community) can provide this contact information to the funeral services provider to start making funeral arrangements, further planning to be completed by my family, or friends, as set out below.

I have made pre-arrangements with this funeral services provider.

I have not made pre-arrangements with funeral services provider.

My near relatives and others with a personal relationship, who are to be contacted to discuss funeral services arrangements (if list is longer then please attach a separate sheet):

First name:	Last name:
Relationship:	Home phone:
Work phone:	Cell phone:
First name:	Last name:
Relationship:	Home phone:
Work phone:	Cell phone:
First name:	Last name:
Relationship:	Home phone:
Work phone:	Cell phone:

Funeral service provider:	
Address:	
Contact name:	Phone:

In the event that none of my near relatives or friends listed above can be contacted, I understand and agree that a representative _____ (Integrated Long-Term Care or Assisted Living community) can provide direction concerning my funeral service arrangements.

First name of individual:	Last name of individual:
Signature of individual or substitute decision maker:	
Date (mm/dd/yyyy):	