

EASTERN STAR LAST RITES REQUEST FORM

Completion and submission of the form is not required. It is intended to provide comfort and relief for your family and loved ones at a time when you will be unavailable to guide them. Should you decide to complete this form, please give careful thought to your responses. Make a copy for your personal records and any other individual or group you deem necessary. Give or send the completed form to your Chapter for their safekeeping. In the event of your death, your Chapter will then be able to assist your family with the requested arrangements.

Completing this form is not required in any way. It is merely provided for your convenience as an act love and friendship by Sunrise Chapter #28, Henderson, Nevada

To the sisters and brothers of Sunrise Chapter #28, members of my immediate family, members of the Clergy, and the proprietors of the funeral home, upon my death, I would like to have:

Eastern Star Funeral Services conducted at the funeral home.

Eastern Star Funeral Services conducted at my place of worship, along with my religious memorial rites, if possible.

Eastern Star Funeral Services conducted at my Chapter with my religious memorial rites, if possible.

Eastern Star Graveside Services.

No Eastern Star Services.

I would like to be remembered in my Eastern Star eulogy for having: _____

I would like the following Brothers to serve as pallbearers at my funeral (if able and willing):

_____	_____
_____	_____
_____	_____

I would like the following Brothers and/or Sisters to serve in the Eastern Star Funeral Service (if able and willing):

Besides being a member of my Chapter, I am also a member of the following appendant organizations:

Organization:

Location:

I request:

___ Eastern Star items be placed and left in my casket for burial.

___ Eastern Star items be left on my body during the service and then given to:

_____ **or** _____

Other Eastern Star items (pins, jewelry, books and literature, etc.) should be given to:

_____ **or** _____

I would like memorials given at my funeral service sent to:

I request that my Chapter or other appropriate appendant bodies be informed that I have made provision for future benefit for it, as discussed with my family or noted in my personal and/or legal papers, or noted below:

I would like the following special requests and/or provisions:

- _____
- _____
- _____
- _____
- _____

Signature: _____

Date: ___ / ___ / _____

Witness: _____

Date: ___ / ___ / _____

My Chapter can be reached by contacting the following Individuals:

Name: _____

Phone: (____) _____

Name: _____

Phone: (____) _____

FOR THE FAMILY

Sunrise Chapter will supply a meal for the family following any funeral service.