

**Burial Committee, Toronto Monthly Meeting  
of the Religious Society of Friends (Quakers)**

**Last Wishes: Guidance for my family and friends  
regarding my funeral and burial**

Name	
Address	
Telephone	
e-mail	
Date	

**Person(s) responsible for arranging my funeral (usually next-of-kin or a close friend)**

Name	
Address	
Telephone	
e-mail	

Name	
Address	
Telephone	
e-mail	

At the time of my death, please contact a member of the Burial Committee of  
Toronto Monthly Meeting of the Religious Society of Friends, at Friends House,  
60 Lowther Avenue, Toronto Ontario M5R 1C7 (416-921-0368)

Please note that the information given in this form covers your wishes for your funeral and burial or scattering.

Please do not include details relevant to your will and testament.

[Jan 2006]

Name: \_\_\_\_\_

**Funeral Home (if applicable)**

Funeral Home: Address: Telephone:	
Have you made prior arrangements for your funeral?	Yes ____ No ____
Are these arrangements made with the Funeral home named above?	Yes ____ No ____
Are you a member of the Funeral Advisory and Memorial Society?	Yes ____ No ____
Are you a member of another memorial society?	Yes ____ No ____

**Funeral (Meeting for Worship on the Occasion of the Death of a Friend)**

Do you wish your funeral to be after the manner of Friends?	Yes ____ No ____
Do you wish your funeral to be under the care of a Friends Meeting? If yes, please name the Meeting:	Yes ____ No ____
Please indicate your preferred location of the Meeting for Worship (funeral): Family Home _____ Friends House (Toronto) _____ Friends Mill St. Cemetery Pickering (for outdoor Meeting for Worship for Scattering) _____ Funeral Home _____ Yonge St. Meeting House _____ Other location: _____	
Do you wish the coffin or urn to be present during Meeting?	Yes ____ No ____
Do you wish charitable donations in lieu of flowers: If yes, please name the organization(s).	Yes ____ No ____

Name: \_\_\_\_\_

**Burial or Scattering of Ashes** (please complete either section A or section B)

**A. Burial (coffin)**

Please indicate the name of the cemetery:

Yonge Street Friends Burial Ground \* \_\_\_\_\_

Friends Mill St. Cemetery Pickering \_\_\_\_\_

Name and address of other cemetery:

Have you made prior arrangements with this cemetery?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Plot No: \_\_\_\_\_

Type of casket : \_\_\_\_\_

(please be specific (e.g., cloth covered, pine wood, hard wood)

\* Yonge Street Friends Burial Ground requests that plots be purchased in advance if at all possible.

**B. Burial of Urn/Container or Scattering of Ashes**

Please indicate the name of the cemetery and/or location for burial or scattering.

Yonge Street Friends Burial Ground \_\_\_\_\_

Friends' Cemetery Mill St. Pickering \_\_\_\_\_

Name and address of other location:

Have you made prior arrangements with this cemetery?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Plot number (for burial of urn or container): \_\_\_\_\_

Type of urn or container:

Do you wish the urn or container to be buried?	Yes _____ No _____
--	-----------------------

Do you wish the ashes to be scattered?	Yes _____ No _____
--	-----------------------

Do you wish the burial of the urn or the scattering to be done at the time of the funeral?	Yes _____ No _____
--	-----------------------

