

## FINAL WISHES FORM

Purpose of this 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, City of (\_\_\_\_\_) and the State of Nebraska or any other agency or branch of government.

Instruction for completing this Final Request Form: It is suggested this form be completed together with your spouse or domestic partner. This form should be updated annually. 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: \_\_\_\_\_

Do you have a Funeral Plan other than this Final Wishes Form? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the name and address of the location of the funeral plan: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Spouse or domestic partner's name and address at the time of completing is form:

\_\_\_\_\_

\_\_\_\_\_

Name(s) and address(s) of children (if the child's address is your current address please write "current address"): Attach a separate sheet if you need additional space but note "see attached".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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

\_\_\_ Funeral Home \_\_\_ Home \_\_\_ Chapel \_\_\_ Other \_\_\_ If other, list: \_\_\_\_\_

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

Location: \_\_\_\_\_

Do you wish to have the (\_\_\_\_\_) Chaplain involved in the service? \_\_\_ Yes \_\_\_ No  
Department

If yes, list any specific roles or responsibilities for the (\_\_\_\_\_) Chaplain: \_\_\_\_\_  
Department

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Do you wish the (\_\_\_\_\_) Honor Guard to participate in the service? \_\_\_ Yes \_\_\_ No  
Department

If yes, list any specific roles or responsibilities for the (\_\_\_\_\_) Honor Guard: \_\_\_\_\_  
Department

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List your preferences for Pallbearers and/or Honorary Pallbearers: \_\_\_\_\_

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Do you request a (\_\_\_\_\_) officer or member to provide a eulogy? \_\_\_\_ Yes \_\_\_\_ No  
Department

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

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During the time from the death through the funeral, do you wish to have one or more firefighters to remain with your family? \_\_\_\_ Yes \_\_\_\_ No

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

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Do you wish the Fire Chief to make the selection? \_\_\_\_ Yes \_\_\_\_ No

Do you wish the (\_\_\_\_\_) Honor Guard to conduct the Bell Ceremony? \_\_\_\_ Yes \_\_\_\_ No  
Department

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

Do you wish the 911 Dispatch 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 the (\_\_\_\_\_) apparatus? \_\_\_\_ Yes \_\_\_\_ No  
Department

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

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Do you wish your coffin/urn to be transported on/in 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

If yes, list any specific apparatus you wish to have in the procession: \_\_\_\_\_

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Do you wish military honors? \_\_\_\_ Yes \_\_\_\_ No

If yes, will taps be performed by an armed services or veterans organization listed?

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If yes, will the American Flag folding/presentation, be done by armed services, veterans organization, Honor Guard or Agency Combination listed? \_\_\_\_\_

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**Other Pertinent Information Section:**

List any other pertinent information not identified on this form. Use extra sheets if necessary.

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*Sign, date, and notarize this form.*

*Place completed form in an envelope and provide it to ( \_\_\_\_\_ ).*  
*Fire Department Officer*

\_\_\_\_\_  
Firefighter Name PRINTED

\_\_\_\_\_  
Spouse/Domestic Partner Name PRINTED

\_\_\_\_\_  
Firefighter Signature

\_\_\_\_\_  
Spouse/Domestic Partner Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

Notary

## **Funeral Traditions For Each Level of Service**

American Flag (1, 2, 3, **military veteran**)  
Badge Shrouds (1, 2, 3)  
Bagpipers (1, 2)  
Bell Ceremony (1, 2, 3)  
Bugler (1) (**Military Veteran, 1, 2, 3**)  
Casket Vigil (1, 2, 3)  
Department Apparatus in Procession (1, 2)  
Eulogy (1, 2)  
Fire Apparatus Caisson (1)  
Fire Apparatus Flower Unit (1, 2)  
Full Fire Apparatus Procession (1)  
Firefighter Funeral Flag (1, 2, 3)  
Firefighters Visitation Walk Through (1, 2)  
Flags ½ mast (1) \* (**only by order of Governor**)  
Hearse (2, 3)  
Honor Guards – Color Guards (1)  
Ladders – Crossed or with Large American Flag (1, 2)  
Last Alarm Ceremony (1, 2)  
Sea of Blue (firefighters march) (1)  
Station Bunting (1, 2, 3)  
Vehicle Bunting (1, 2)