

## Wisconsin EMS Honor Guard Association, Inc.

## **FINAL WISHES FORM**

<u>Privacy Statement:</u> This information may be protected healthcare information, or by rules or policy regarding privacy and confidentiality. To be kept in separate envelope within agency files.

<u>Instruction for completing this Final Request Form:</u> It is suggested this form be completed together with your spouse or domestic partner. 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. **UPDATE ANNUALLY.** 

GENERAL INFORMATION:							
Today's Date							
Legal Name/License level							
Badge/Radio/Empl. number							
Date of Birth							
Address							
City/State/Zip							
Home Phone							
NOTIFICATIONS TO BE MADE							
Spouse/Domestic Partner							
Address							
City/State/Zip							
Home Phone	(	)	-	other: (	)	-	
Children (Name/Phone/Age)	1.						
	2.						
	3.						
Other Family (name/relation)							
Address (full)							
Phone							
PREFERENCES							
Religious preference							None
Funeral Home/Cremation Servi	ices (Name/	Location	n/Phone)				
Name and address of Cemetery/Burial site:							
Name, address, phone of church or memorial services held at:							
Minister/Pastor/Clergy of your choice (Name contact):							
Do you have a funeral plan oth	er than this	form?	□ No □ Yes,	Location:			



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List any fraternal organizations, which may request official organizational service, etc.) at the wake or f Veterans of Foreign War, American Legion, etc.):					
List your preferences for Pallbearers and/or Honor	ary Pallbearers:				
I grant permission for the WI EMS Honor Guard to and support my family and agency through tough t	☐ Yes	☐ No			
I grant permission for the WIEMSHG Chaplain to pa	rticipate in services	☐ Yes	☐ No		
Do you request an officer or member of your departure eulogy? Name of individuals: (Family to decide other)	☐ Yes	□ No			
Do you wish the 911 Dispatch Center to page for the Do you wish the WI EMS Honor Guard to conduct to	☐ Yes☐ Yes	□ No □ No			
Following the services, do you wish a social gatheri	☐ Yes	☐ No			
Are there any other specific things you would like f space is needed please use the back of the sheet:	,				
Are you a military veteran?	☐ Yes	☐ No			
Are you an active member or retired member of th	e armed services?	☐ Active ☐ Retired			
Do you wish military honors?	☐ Yes	□ No			
If yes, will the American Flag folding/presentation, be done by armed services, veterans' organiza Honor Guard or Agency Combination listed?					
For active members of the National Guard or Reser address and telephone number.	ves, list your Commander's r	name and	your Unit's		
EMT/Medic Name PRINTED	Spouse/Domestic Partner Name PRINTED				
EMT/Medic Signature	Spouse/Domestic Partner Signature				
Date:	Date:				

Keep sealed in envelope at the agency securely. Update annually. Last updated:\_\_\_\_