



Wisconsin EMS Honor Guard Association, Inc.

FINAL WISHES FORM

Privacy Statement: 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.

Instruction for completing this Final Request Form: 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	<input type="checkbox"/> None
Funeral Home/Cremation Services (Name/Location/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 other than this form? <input type="checkbox"/> No <input type="checkbox"/> Yes, Location:	



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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, Masons, Veterans of Foreign War, American Legion, etc.):	
List your preferences for Pallbearers and/or Honorary Pallbearers:	
I grant permission for the WI EMS Honor Guard to participate in the services and support my family and agency through tough times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for the WIEMSHG Chaplain to participate in services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you request an officer or member of your department to provide a eulogy? Name of individuals: (Family to decide others)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish the 911 Dispatch Center to page for the last call? Level 1/2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish the WI EMS Honor Guard to conduct the Bell Ceremony? Level 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Following the services, do you wish a social gathering at the EMS station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other specific things you would like for your service? List in detail here and if additional space is needed please use the back of the sheet:	
Are you a military veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active member or retired member of the armed services?	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Do you wish military honors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will the American Flag folding/presentation, be done by armed services, veterans' organization, Honor Guard or Agency Combination listed?	
For active members of the National Guard or Reserves, list your Commander's name and your Unit's address and telephone number.	
EMT/Medic Name PRINTED	Spouse/Domestic Partner Name PRINTED
EMT/Medic Signature	Spouse/Domestic Partner Signature
Date:	Date:
Witness PRINTED Name	Witness Signature

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