**Personal Preplanning Funeral Form**

Share this form with your pastor and loved ones to make planning your funeral easier.

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The following instructions are provided to assist my family, friends and pastor as they handle the arrangements following my death. (Note: This document is not a substitute for a will or a living will).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request the following at the time of my death.
 *sign here*

For the service witnessing to the resurrection (funeral)

 \_\_\_\_\_ I do not wish to have a funeral or memorial service.

 \_\_\_\_\_ I would like a funeral or memorial service as detailed below.

1. I would like the following Scripture read. (Choose up to four passages).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I would like the following hymns sung. (List up to three hymns. You only need to provide titles).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I \_\_\_ would \_\_\_ would not like to have the Lord’s Supper celebrated at this service.

The Lord’s Supper can be a great source of strength and consolation to the grieving,
and makes the communion of the saints a visible reality.

4. Do you have any stories of your life or faith that you would like to have shared at this service?
(Use a separate sheet if necessary).

5. Is there anything that you would like people to know as they worship at this service?
(Use a separate sheet if necessary).

Does your family know of your last wishes? If not, you may wish to address the following.
Please note that this is not a legal document, but a record to convey your final wishes.
One copy should be given to family or friend and one copy to the church.

1. Name(s) of preferred individual(s) to assist in arrangements (relative, friend, pastor, attorney):
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Pastor to be Called:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mortician to be Called:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the following if it is your desire:

4. Treatment of My Body
 \_\_\_That my body be sent to such medical, social, or scientific center as will accept it
 (It is my responsibility to choose the institution or up to those who make my final
 arrangements).
 \_\_\_That my body be made available for autopsy
 \_\_\_That my body be cremated \_\_\_with embalming \_\_\_without embalming

5. Funeral Home, Funeral, Memorial Service
 \_\_\_That there \_\_\_will be a viewing \_\_\_will not be a viewing
 \_\_\_That a \_\_\_public \_\_\_private funeral be held at \_\_\_church \_\_\_funeral home
 \_\_\_That I have discussed/instructed my family/friends as to the kind of casket and other
 arrangements and cost (limit)
 \_\_\_That a memorial service (i.e. body not being present) be held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_That neither a funeral nor memorial service be held

6. Final Disposition
 \_\_\_That my ashes be preserved or disposed of in the following manner
 and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_That my body be buried in the following location
 \_\_\_It is my wish to donate whatever organs/parts of organs that are useful to the living

7. Contributions/Flowers
 \_\_\_Flowers are desired
 \_\_\_Organizations to which contributions may be sent

I understand that these are my instructions to my family and friends. I recognize my own responsibility for advance consultation with the minister or mortician of my choice.
Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (preferably next of kin): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is required for the death certificate. By filling this form out now,
you can spare your family an additional responsibility at the time of your death.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 First Middle Last

Sex: \_\_\_M \_\_\_F Race: \_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Citizen of What Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Armed Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Married \_\_\_Never Married \_\_\_Widowed \_\_\_Divorced

Usual Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City County State Country

Current Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street City State

Type of work done during working life (even if currently retired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_