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Address \_\_\_\_\_

Purpose: \_\_\_\_\_

**E. Will**

I have a will \_\_\_\_\_.

The will is located:

**F. I request these additional instructions to be followed:**

**G. I have shared these plans with the following people:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Put this **form** in your safety deposit box or another safe place, readily accessible to your family or executor. This is information your family will need immediately at the time of your death.

Signature \_\_\_\_\_

Provisions have been made by proper documentation in accordance with the state laws governing this procedure. The documents are located:

**C. Burial**

I prefer a burial in a casket.

Location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a plot been purchased? \_\_\_\_\_

Casket desired:

I want to be cremated, with ashes to be buried.

Location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. I want memorial gifts designated to the following organization(s), persons, etc.**

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Purpose:

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Purpose:

Name \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

These directions express how I would like my **funeral** handled. If possible, I request the following:

**A. I request the following service:**

Church \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number \_\_\_\_\_  
Clergy to officiate, if possible \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number \_\_\_\_\_  
Biblical texts \_\_\_\_\_

\_\_\_\_\_  
Hymns and musical selections (choir, solos, etc.) \_\_\_\_\_

\_\_\_\_\_  
Flowers desired? Yes No

Personal comments: A statement of faith and/or other thoughts to share with your family and friends. Attach the sheets. (You may also wish to write confidential messages for individual family members. These could be sealed and stored with your will.)

Body to be viewed? Yes No

**B. I would like my body, or parts of it, to be used for medical purposes. Explain:**

To what organizations do you belong? \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_

Military ID Number \_\_\_\_\_

**Family:**

**Spouse** \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_  
Siblings \_\_\_\_\_

\_\_\_\_\_  
**Relatives/Friends to notify:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

## **FUNERAL ARRANGEMENT FORM**

Make copies of your completed **form**, and then give them to the individuals who will be involved with arranging your **funeral**. This will include pastor, family member(s) or close friend, **funeral** director, etc. Be sure to discuss any directions that might need clarifying.

Name \_\_\_\_\_

Home address \_\_\_\_\_

Telephone number \_\_\_\_\_

Date of preparation \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of baptism \_\_\_\_\_

Place of baptism (church, hospital) \_\_\_\_\_

Date of confirmation \_\_\_\_\_

Place of confirmation \_\_\_\_\_

Date of marriage(s) \_\_\_\_\_

Location \_\_\_\_\_

Describe life in local congregation(s) \_\_\_\_\_

Full name of your father & city & state of his birth \_\_\_\_\_

Full name of your mother (including maiden name) & city & state of her birth \_\_\_\_\_

Education \_\_\_\_\_

Places and types of employment \_\_\_\_\_