Personal Preplanning Funeral Form
Share this form with your pastor and loved ones to make planning your funeral easier.

Name: _____________________________   Phone: ____________________
Address: ______________________________________________________________________

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 individuals(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

Social Security #: ______________  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: ____________________________________________________