# My Funeral Wishes

# A Planning Guide to Assist My Family Memorial Lutheran Church

I am the resurrection and the life. Whoever believes in me, though he die, yet shall he live, and everyone who lives and believes in me shall never die.

John 11:25-26

5800 Westheimer Rd. Houston, TX 77057

## **General Information**

As Christians, we can look forward with joy and anticipation to the day when our Lord will call us home to Himself in heaven. We can know for certain that heaven is ours through faith in Christ's atonement for our sins on the cross. Thus, we are most certainly prepared for our death.

Unfortunately, many people are not prepared for their death in terms of the preparations that are necessary for the funeral and its arrangements. This little booklet will help you consider these details and provide you with a means of sharing that information with your loved ones, your pastor, and the funeral director of your choice. In fact, it is good for you to give a copy of this booklet, with the necessary information to your pastor, your funeral director, and several family members and friends of your choice.

Planning now for your funeral is important. We make plans for many things in life. Some we are never able to do. Yet death and burial are inevitable, and thus it is crucial that we also plan for it. Planning does not hasten the event.

- Funeral pre-planning is necessary as a means to let your wishes be known to all concerned.
- Pre-planning your funeral enables you to give expression to your faith through choosing and ordering what is to take place.
- Pre-planning eases the burden on your loved ones by eliminating the pressure of
  decision-making, particularly the need of trying to do things "the way you would
  have wished." By writing them down, the possibility is diminished that your
  loved ones, because of their grief, may forget your desires.
- Pre-planning will give you a certain amount of peace, knowing that your affairs are in order.

Consider discussing your plans with your pastor and your funeral director. You will want not only their assurance that your plans are appropriate, but also their cooperation in respecting them at your death.

If at all possible, discuss these plans with your loved ones. Allow them to participate in the planning and express their thoughts. This brings the subject out into the open and provides loved ones with an opportunity to openly share their love and sorrowbest shared now, rather than after a death occurs.

Please bear in mind that the more complex and complete your plans become, the more tentative they must be. The events surrounding your death, or events that may occur between now and the time of your death, may necessitate changes. Therefore, from time to time, every several years, the plans in this booklet may need to be updated. As you consider your death, burial and life everlasting, may the Lord bless you.

This form is not legally binding. Information will be sealed in an envelope and placed in a file at Memorial Lutheran Church, Houston, Texas, for safekeeping. Memorial is not obligated or responsible for the execution of these instructions.

This form does not cover all your end-of-life decisions. Please make sure that all the information necessary to help you family take care of your affairs is clear and accessible to them. Update your will periodically.

## My Wishes

4

| Name: (First Middle Las | ŕ                     |           |  |
|-------------------------|-----------------------|-----------|--|
|                         |                       |           |  |
| City:                   |                       |           |  |
| Birth Date:             | Birth City and State: |           |  |
| Baptism Date:           | Church:               |           |  |
| City:                   | , State:              |           |  |
| Confirmation Date:      | Church:               |           |  |
| City:                   | , State:              |           |  |
|                         |                       |           |  |
| Occupation(s):          |                       | How long? |  |
|                         |                       | How long? |  |
|                         |                       | How long? |  |

Pastor/Church should be called immediately at time of death. Discuss the timing and place of service before you go to the funeral home to make arrangements.

## **Funeral Service**

5

| Where?                            |        |     |           |          |  |
|-----------------------------------|--------|-----|-----------|----------|--|
| City:                             |        |     |           |          |  |
| Body to be viewed at funeral ho   | me?    | Yes | No        |          |  |
| Body to be viewed at church?      |        | Yes | No        |          |  |
| Suggested Pastor to Preach:       |        |     |           |          |  |
| Suggested Choir or Soloist (if an |        |     |           |          |  |
| Suggested Organist:               |        |     |           |          |  |
|                                   |        |     |           |          |  |
| Funeral Home Name:                |        |     |           |          |  |
| City:                             |        |     | _, State: | <u> </u> |  |
| Type of Casket:                   |        |     |           |          |  |
| Clothing, Jewelry:                |        |     |           |          |  |
| Suggested Cemetery:               |        |     |           |          |  |
| City:                             |        |     |           |          |  |
| Do you wish the following:        |        |     |           |          |  |
| • Grave Plot? Yes                 | No     |     |           |          |  |
| • Mausoleum? Yes                  | No     |     |           |          |  |
| • Cremation? Yes                  | No     |     |           |          |  |
| I have already purchased a plot   | in     |     |           |          |  |
| City:                             | , Stat | e:  | Section   | Lot #    |  |
| Grave Monument Inscription:       |        |     |           |          |  |
| Other Instructions:               |        |     |           |          |  |

| Do you wish for your boo | dy to be  | donated    | d for the | following:       |  |
|--------------------------|-----------|------------|-----------|------------------|--|
| Transplant of organs?    | Yes       | No         |           |                  |  |
| Medical Research?        | Yes       | No         |           |                  |  |
| Hospital or recipient:   |           |            |           |                  |  |
| City:                    |           | , State    | e:        | _                |  |
| Suggested Memorials:     |           |            |           |                  |  |
| Memorials or flow        | ers as p  | eople pr   | refer     |                  |  |
| Memorial gifts ins       | tead of   | flowers    |           |                  |  |
| Memorial gifts to        | the follo | owing ch   | urches o  | r organizations: |  |
| City:                    | , Sta     | te:        |           |                  |  |
| City:                    | , Sta     | te:        |           |                  |  |
| Additional comments:     |           |            |           |                  |  |
| Suggested Crucifer:      |           |            |           |                  |  |
| Suggested Pallbearers: _ |           |            |           |                  |  |
| Suggested Honorary Pal   | lbearers  | s (if any) | ):        |                  |  |
| Military honors are sugg | ested.    |            | Yes       | No               |  |

## Funeral Hymns & Scripture Readings

Hymns and readings of the Church Year could prescribe helpful thoughts for the planning of this service. The events surrounding your death may also have an effect in changing its character. It is therefore suggested that you choose several different Scripture readings. You may wish to choose at least one hymn in each of the hymn categories listed. This will enable selection to be made, no matter what the circumstances, that will be in accord with your wishes. It may also be good if you were to list as a 'must;' perhaps one hymn and one Scripture reading that will be used no matter what.

As with any service of worship, the pastor, in cooperation with the cantor, is charged with the responsibility of final planning of the funeral service. However, you may be assured that they will take your wishes into account.

Isaiah 40:28-31

A listing of possible funeral hymns and Scripture readings follow below.

#### Suggested Funeral Scriptures (not exclusive)

Job 19:21-27

Confirmation verse \_\_\_\_\_

Favorite Bible Story \_\_\_\_\_

| Philippians 1:21                  | John 14:1-6            | 1 Thessalonians 4:13-18 |
|-----------------------------------|------------------------|-------------------------|
| Psalm 23                          | Isaiah 61:1-3          | Psalm 46                |
| Lamentations 3:22-23              | Romans 8:31-39         | 1 Peter 1:3-9           |
| 1 John 3:1-2                      | 1 John 4:15-18         | Psalm 90                |
| Mark 10:13-16 (children's)        | Romans 6:3-5           | Psalm 121               |
| Luke 7:11-17                      | Romans 14:7-9          | Psalm 130               |
| John 5:24-27                      | 1 Corinthians 15:1-26  | Psalm 139               |
| John 6:37-40                      | 1 Corinthians 15:12-26 | Revelation 7:9-17       |
| Revelation 21:2-7                 | 1 Corinthians 15:35-57 | 1 Corinthians 15:50-57  |
| Ecclesiastes 3:1-11               | John 10:11-16, 27-28   | Isaiah 25:6-9           |
| John 11:21-27                     |                        |                         |
|                                   |                        |                         |
| Scripture selections (usually 3): |                        |                         |

John 12:23-26

#### Some Suggested Funeral Hymns

#### Advent, Christmas, Epiphany

As With Gladness Men of Old O Morning Star, How Fair and Bright In Peace and Joy I Now Depart Oh, Come, Oh, Come, Emmanuel

Now Sing We, Now Rejoice Once in Royal David's City

Lent

Christ, the Life of All the Living O Sacred Head, Now Wounded

Go to Dark Gethsemane Jesus, Refuge of the Weary

**Easter** 

At the Lamb's High Feast We Sing Jesus Lives! The Victory's Won

I Know That My Redeemer Lives This Joyful Eastertide

Jesus Christ, My Sure Defense

**Ascension** 

A Hymn of Glory Let Us Sing On Christ's Ascension I Now Build

Draw Us to You

#### Canticle

Lord, Now Let Your Servant Depart in Peace

#### **Comfort**

Be Still, My Soul The Lord's My Shepherd, I'll Not Want

If You But Trust in God to Guide You What God Ordains Is Always Good

In God, My Faithful God

#### Death, Resurrection, Life Eternal

Abide with Me

Amazing Grace

Behold a Host Arrayed in White

Children of the Heavenly Father

For Me to Live Is Jesus

Rock of Ages

The Church's One Foundation

By All Your Saints in Warfare (stanzas 1, 3)

#### **Children's Hymns**

I Am Jesus' Little Lamb

| Hymn selections:  |
|---|
| Musical selections:   |
| Thoughts I would like shared only with my family at the time of my funeral:   |
| Thoughts I would like shared with the congregation at the time of my funeral: |
|   |
| Other suggestions for my funeral service:                                     |

## Information for An Obituary

| Full Legal Name:           |            |               |       |    |
|----------------------------|------------|---------------|-------|----|
| Address:                   |            |               |       |    |
| D                          |            |               |       |    |
| Parents                    |            |               |       |    |
| Father's Name:             |            |               |       |    |
| Father's Birthplace:       |            | ,             | _     |    |
| Mother's Name (Include ma  | iden name) | ):            |       |    |
| Mother's Birthplace:       |            | ,             | _     |    |
| Spouse Living:             | Yes        | No            |       |    |
| Spouse's Name (include mai | iden name) |               |       |    |
| Marital Status:            |            | Wedding Date: |       |    |
| Place:                     |            |               |       |    |
|                            |            |               |       |    |
| Children (name, spouse and |            |               | Livin | g  |
|                            |            |               | Yes   | No |
| Names of grandchildren:    |            |               |       |    |
|                            |            |               |       |    |
|                            |            |               |       |    |
|                            |            |               |       |    |
|                            |            |               |       |    |
|                            |            |               |       |    |

| Names of great-grandchildren:                                     |        |    |
|---|--------|----|
|   |        |    |
|   |        |    |
|   |        |    |
| Prothers and Sisters (name spayer and sity).                      | Living |    |
| Brothers and Sisters (name, spouse and city):                     | Living |    |
|   |        | No |
|   |        | No |
|   |        | No |
|   | Yes 1  | No |
|   | Yes 1  | No |
| Member of professional group, club or other organization:         |        |    |
|   |        |    |
|   |        |    |
| A stivities in the community (ich shunch valunteen comice etc.    | ).     |    |
| Activities in the community (job, church, volunteer service, etc. | ):     |    |
|   |        |    |
|   |        |    |
| Hobbies and/or Interests:   |        |    |
|   |        |    |
|   |        |    |

## Helping Those Who Care for Me

It is wise to update this information regularly, so it reflects your final wishes.

| In the event of my death, pleas | se contact:  |
|---------------------------------|--|
| Name, Relation, Phone           |  |
| City:                           | , State:   |
|                                 |  |
| City:                           | , State:   |
| Name, Relation, Phone           |  |
| City:                           | , State:   |
| Name, Relation, Phone           |  |
| City:                           | , State:   |
| Employer/Former Employer:       |  |
| Name, Phone:                    |  |
| City:                           | , State:   |
| My physician:                   |  |
| Phone:                          |  |
| My will is located:             |  |
|                                 |  |
| (A living will designates some  | one who can make medical decisions as you would have |
| wished.)                        |  |
| My lawyer is:                   |  |
| City:                           | . State:   |

| Have you designated a durable power of attorney to someone? Yes No                      |
|---|
| If yes:   |
| Phone:  |
| (A durable power of attorney authorizes another person to act in your stead, either for |
| financial or healthcare decisions. It may cover all your affairs or be limited to just  |
| certain matters.)   |
|   |
| Signed:   |
| Date:   |
| Reviewed and Updated:   |
| Reviewed and Updated:   |

13