

**For Office Use Only  
(Please do not write in this space)**

N: \_\_\_\_\_  
D: \_\_\_\_\_

## ***My Funeral Plan***

For the Christian, the completion of a loved one's baptismal journey marks an odd time. On the one hand, we celebrate the culmination of God's baptismal promises as they reach their joyous fulfillment in the life, death, and now new life a loved one shares with God. On the other hand, someone we love has died, and we mourn their loss and companionship on the road we still travel.

"Death does not extinguish the light," someone once said. "It simply puts out the lamp because the dawn has finally come." And while it may be true, it does not make grief an easy road to travel—especially for those we leave behind. Not only must they grieve, but now they must plan a funeral or memorial service to wish Godspeed to the one they have lost.

But what would our loved one have wanted? What would honor their faith—and the God who has called them out of darkness into his marvelous light? This document is an opportunity for you to think about just those kinds of decisions; and to make plans that may well bless your family and friends in a very difficult time: your death. Think of it as a gift to them. It is also an occasion to let your personal desires be known to those who will assist your family and friends in planning for your funeral or memorial service.

Simply spend some time filling it out; then either submit it to the church office to be filed until it is needed, or place it in a secure place at home, known to your family and friends.

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### ***Biographical Information:***

Full Name: \_\_\_\_\_

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

Years Residing at Current Address: \_\_\_\_\_

Location and Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (and Maiden Name): \_\_\_\_\_

Date Baptized: \_\_\_\_\_ Location: \_\_\_\_\_

Place and Date of Marriage, if applicable: \_\_\_\_\_

Spouses Name: \_\_\_\_\_  Deceased

Name(s) of children(grandchildren) if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you do for a living: \_\_\_\_\_

\_\_\_\_\_

Schools attended: \_\_\_\_\_

\_\_\_\_\_

Additional Information you might wish us to know about you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Funeral/Memorial Service Arrangements**

Funeral Home or Cremation Service (regarding arrangements): \_\_\_\_\_

Place of burial or inurnment: \_\_\_\_\_

Burial Preference:      Casket            Cremation

I prefer interment or inurnment **BEFORE/AFTER** the memorial service

Instructions concerning clothing and/or items to be included in interment (burial with casket): \_\_\_\_\_

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

Pallbearer Information:

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |

Do you prefer memorials in lieu of flowers:    Yes            No

If yes:

Name and Address of Organization: \_\_\_\_\_

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

Were you a Veteran:    Yes    No       Branch of Military: \_\_\_\_\_

Do you wish to have graveside military honors:    Yes    No

Additional Comments and Concerns regarding services:

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

Is this information private:    Yes            No

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Funeral/Memorial Service Planning**

Service to be held at:  Church  Funeral Home  Other

Service to include Holy Communion:  Yes  No

Preferred Hymns and/or Special Music: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Congregational Hymns (*We recommend at least **ONE** congregation hymn be chosen*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Music/Solos: \_\_\_\_\_  
\_\_\_\_\_

Hymn Title: \_\_\_\_\_  
\_\_\_\_\_

Soloist (Print Name): \_\_\_\_\_  Vocal  Musical  
Instrument (if applicable): \_\_\_\_\_

Preferred Scripture Lesson(s): \_\_\_\_\_  
\_\_\_\_\_

Psalm: \_\_\_\_\_  
\_\_\_\_\_

Gospel: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this information private:  Yes  No

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_