

A HELP AND GUIDANCE IN THE EVENT OF MY DEATH

NAME _____ ADDRESS _____

TELEPHONE # _____ CITY _____ STATE _____

MILITARY I.D. # _____ SOCIAL SEC. # _____ - _____ - _____

NEAREST OF KIN (Other than immediate family)

1. Name _____ Address _____

Phone # _____ Relationship _____

2. Name _____ Address _____

Phone # _____ Relationship _____

It is acknowledged that the information and instructions provided in this questionnaire is for the guidance of my family and friends in making the arrangements necessary at the time of my death and is not legally binding or enforceable and that this information is being left with my church for safekeeping and not in any way to make the church obligated or responsible for the execution of these instructions.

I hereby give the following instructions: (Answer only questions applying to you.)

1. _____ I wish that my body or parts thereof be used for medical purposes. (Provisions must be made by proper documentation in accordance with state law.)

2. _____ A. I desire the following funeral home to handle my affairs:
NAME _____ ADDRESS _____
If the above is out of town, local funeral home name _____

_____ B. I wish cremation, with disposition as follows: Ashes to be buried:
PLACE _____ ADDRESS _____

_____ C. I wish burial in a casket.
PLACE OF BURIAL _____
ADDRESS _____

Casket desired: _____ Least expensive
_____ Moderately expensive
_____ Most expensive

Type of plot: _____ Ground
_____ Crypt
_____ Already purchased.
If so, where:

PLACE _____

ADDRESS _____

3. I wish the following memorial service:

A. Scripture Reading preferences for my memorial service:

Confirmation verse: _____

B. Favorite hymns: _____

C. Place of Service: Church: _____

Funeral Home : _____ address: _____

D. Body to be viewed? YES NO E. Flowers Desired? YES NO

F. Casket Bearers: _____

G. Organist _____

4. Memorial gifts to following organizations:

A. NAME _____ ADDRESS _____

B. NAME _____ ADDRESS _____

C. NAME _____ ADDRESS _____

5. Do you have a will? YES NO

A. Location of will: _____

B. Name of attorney: _____

Address: _____

6. Brief Auto-Biographical notes to include in obituary (optional).

Birth Date: ___ / ___ / ___ Place: _____

Parents' Names: _____

Baptism Date: ___ / ___ / ___ Place: _____

Confirmation Date: ___ / ___ / ___ Place: _____

School Information: _____

Marriage Date: ___ / ___ / ___ Place: _____

Spouse's Name: _____ Children's Names: _____

Military Dates and Rank: _____

Employment History: _____

Special Interests: _____

NOTE: If you need help with this questionnaire, feel free to call the church office. Additional forms for all members of your family are available at church. Please fill out this form and return it to the church office as soon as possible where it will be kept on file for you. Thank you.