

## 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): \_\_\_\_\_

