

MEMORIAL/FUNERAL SERVICE PLANNING

Name _____ Date _____

I wish to have (check one):

- Burial
- Cremation
- Leave up to my family or friends

I have made plans with _____ for a

- Casket
- Vault
- Cremation urn
- Bio urn
- Donation of body for research
- Green Burial

I wish to have a celebration of life service:

- before I die (if possible)
- after I die

I would like the observances around my death to include:

- Viewing/visitation
 - private viewing
 - public viewing
- Graveside service
- Service at crematorium

Name of facility and location: _____

- A scattering of ashes

Location: _____

- Service at church

Name of facility and location _____

- Service at funeral home

Name of facility: _____

- A green burial

Please provide details: _____

- A reception or kinship meal

- Leave up to my family or friends

Other _____

I have discussed my wishes for worship services at the time of death with (check one or more)

- Family

Name _____

Phone: _____

Email: _____

Name _____

Phone: _____

Email: _____

__ Friends

Name _____ Phone: _____

Email: _____

Name _____ Phone: _____

Email: _____

__ Pastor

Name _____ Phone: _____

Email: _____

Names and contact information of closest living relatives _____

Names and contact information of closest friends _____

Location of will (name and address of attorney for estate _____

Other (health care directive, power of attorney, etc.) _____

Copy is located _____

Eligibility for military honors or death benefits? ___ No ___ Yes

What would you like to include in your obituary? _____

Where would you like your obituary to appear? _____

Service to be conducted by current minister of church _____

If this person is not available, my second choice would be _____

Music for the service (hymns, solo, other) _____

Scripture reading(s) for the service _____

Other readings for the service _____

Please do not include the following songs, readings _____

Person(s) to offer words of remembrance _____

Persons to serve as pallbearers _____

I would like people to honor my memory by making a donation to one of the charity organizations that has meant a lot to me

___ Church
 Name and location _____

___ Civic organization(s)
 Name and location _____

I want to be sure that the following people, whom my family or friends may not know, will be notified of and invited to my funeral or memorial services: (please include clubs, membership associations, etc.)

NAME	CONTACT INFO
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Other things to consider:

Please make your wishes known to your family and loved ones. Keep a copy in your personal file and/or give a copy to your minister. Store a copy of your will, marriage and birth certificates, veteran's discharge papers, military service records, life and health insurance policies, social security information, and other estate planning documents where your family and loved ones can easily find them.

Please use his space for your Obituary and any other information that would be helpful.

Worksheet for creating a Biography/Obituary

Record events, things people accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc as possible. List full name, birth name, parents, date and location of birth, marriages, brothers and sisters, spouse(s), children volunteer activities, military service, memberships hobbies. This information does not need to be prepared in paragraph form. Include a photography for publication.