

PLANNED FUNERAL INFORMATION SHEET

Date: ____/____/____

Funeral instructions for: Full Name: _____
Address: _____
City, State, Zip: _____
Date of Birth: _____ City & State of Birth: _____
Social Security #: _____ Armed Services Serial #: _____

To assist those responsible for my funeral arrangements, I provide the following information and make the following suggestions according to my desires:

1. At the time of death the following should be notified:

	Name	Full Address	Phone #
Spouse:	_____	_____	_____
Children:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Parents:	_____	_____	_____
Brothers & Sisters:	_____	_____	_____
	_____	_____	_____
Funeral Home:	_____	_____	_____
Pastor:	_____	_____	_____
Physician:	_____	_____	_____
Employer:	_____	_____	_____
Newspaper(s):	_____	_____	_____
	_____	_____	_____
Attorney:	_____	_____	_____
Other Professional Advisors:	_____	_____	_____
Executor:	_____	_____	_____
Local VFW for Military Service	_____	_____	_____
Others:	_____	_____	_____

2. () I consulted with above named Funeral Home or () I have or hereby give the following instructions:

Disposition of the body: embalming and normal funeral _____ Cremation _____
Body donated for medical science _____ Other: _____
Preference in style and cost of ___casket ___ vault ___ crypt ___ cremation urn: _____
Preference on Clothing, Jewelry, Eye Glasses, Hair, etc.: _____
Name of Cemetery and plot location or place and manner for disposition of ashes: _____
Grave Marker: Lawn Level ___ or Raised Monument ___ Inscription: _____

3. Visitation (Usually held the day before the funeral):

- () Visitation in Funeral Home with casket open _____ or closed _____
- () Visitation in my home with body not present
- () Visitation in the Church with casket open _____ closed _____ or not present _____
- () No visitation
- () Displays: ___ American Flag ___ Photographs of me and/or family ___ Other displays: _____

4. Memorials and Flowers

- () Flowers () Memorials () Some flowers & memorials
- I request that memorials be designated to the following ministries:

5. Funeral/Memorial Service:

I designate that services be held: in my church ____ the Funeral Home ____ Or Other: _____

() Usual funeral service followed by grave side committal service. ____ Open Casket ____ Closed Casket

Conducted by (Name, Address, Phone): _____

() Memorial service (body not present) with no committal ____ or with private committal (__ before or ____ after service)

Conducted by (Name, Address, Phone): _____

() Other Service/Displays (specify) _____

Conducted by (Name, Address, Phone): _____

() Honorariums: _____

6. Content of Funeral/Memorial Service and whom you would like to do the following:

Scripture Readings (By whom):

Prayers or Poems (By whom):

Other Readings (By whom):

Organ Music (By whom):

Hymns/Other Music:

Attach a listing of biographical information and/or a sample synopsis of your life for the obituary:

Specific Design or Wording for Memorial Service Bulletin or Prayer Card and Guest Register:

Frequently after Funerals or Memorial Services the family and friends gather at the church or in a home for a meal or light refreshment and a time for visitation and fellowship. My feelings are:

7. The following are listed as possible pallbearers: (Include Name, Address, and Phone Number)

8. The following are questions for those who wish to donate their body for medical use or who have designated eyes or other body organs to be given for medical use.

Please sign your anatomical gift statement on the back of your drivers license.

Body to be given for science: _____ Which medical institution: _____

Eyes or other body organs to be given for medical use according to the following instructions:

9. Status of will (note: a will is not the proper place for funeral instructions since it is not opened until these arrangements have been completed.)

I have ____ have not ____ a will or trust. If "yes", it is dated: _____ It is located: _____

10. I have ____ or have not ____ made payment of any funeral costs. If yes, attach copy of receipt or a notation as to location of any plots and where these receipts can be found.

**If you wish, a copy of this sheet may be filed in the Pastor's Office.
It will be of great assistance in preparing for the funeral service.**