

Please return to Silverdale Lutheran Church

Putting My House in Order Suggestions for Arrangements at the Time of My Death

Name _____ Date _____

Next of Kin _____ Relationship _____

Address _____ Phone _____

Care of My Body:

Mortuary Preference _____ Embalmed _____ Not Embalmed _____
Burial _____ Cremation _____ No Preference _____

If Cremated: Ashes should be scattered _____ Location _____
Inurnment _____ Where _____

Cemetery Preference _____ Location _____

Casket: Purchase a casket in the cost range circled: (low) 1 2 3 4 5 6 7 8 9 10 (high)

Service:

Type of Service: _____ Funeral (casket present)
_____ Memorial (casket not present)

Graveside service: _____ Before the Memorial or Funeral Service _____ After the Graveside Service
_____ Graveside Service only

I would like my Funeral or Memorial Service held at _____ Church
_____ Funeral Chapel _____ No preference

Hymns that I suggest _____, _____,

Scripture Readings I suggest _____, _____, _____

Memorials:

I would like memorials to be given to _____

Obituary:

(Please include helpful information for your obituary on the back of this form: Date & Place of Birth, Date of Marriage, spouse's name, children's names, associations, guilds, etc.)

Other Comments: