

# FOR MY FAMILY

## Suggestions for Arrangements at the Time of My Death

(Completed forms may be turned into church office where they are maintained for future use)

Name \_\_\_\_\_ Date \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Location of discharge papers \_\_\_\_\_

### Care of My Body

Mortuary Preference \_\_\_\_\_ Embalmed \_\_\_\_\_ Not Embalmed \_\_\_\_\_

Burial \_\_\_\_\_ Cremation \_\_\_\_\_ No Preference \_\_\_\_\_ Other \_\_\_\_\_

If Cremated: Ashes should be scattered \_\_\_\_\_ Location \_\_\_\_\_

Inurnment \_\_\_\_\_ Where \_\_\_\_\_

Cemetery Preference \_\_\_\_\_ Location \_\_\_\_\_

### Service

Type of Service \_\_\_\_\_ Funeral (casket present) \_\_\_\_\_ Memorial (casket not present)

Graveside service [before or after Service] \_\_\_\_\_ I would like Graveside Svc only \_\_\_\_\_

I would like my Funeral or Memorial Service held at \_\_\_\_\_ Church

\_\_\_\_\_ Funeral Chapel \_\_\_\_\_ No preference

Some favorite hymns/songs \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Some favorite Bible Stories \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

People to share memoires of me \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### 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.)

### Any Other Things You Would Like Your Family to Know