



**A PLANNING  
GUIDE FOR  
FAMILY FUNERALS**

**DR. JAMES R. AYERS**

# CONTENTS

Introduction .....	3
Instructions .....	4
Notification of Family (two sets) .....	5, 10
Important Papers .....	16
Last Rights (two sets) .....	21, 23
Notification of Friends (two sets).....	25, 28
Notification of Groups (two sets).....	30, 32
Special Requests (two sets) .....	34, 36
Funeral Planning Guide (two sets) .....	38, 41
Pastor’s Checklist for Planning Church Memorial Services.....	43
Businesses to be Notified .....	45
Information at a Glance.....	48
Death Certificate and Obituary Data.....	73, 75

## INTRODUCTION

“There is a time for everything, and a season for every activity under heaven:  
a time to be born and a time to die...” (Ecclesiastes 3:1-2a)

A single day cannot pass without a solemn reminder of the stark reality of death. Outlining the consequences of original sin, the LORD God informed Adam he would “return to the ground, since from it you were taken; for dust you are and to dust you will return” (Genesis 3:19). The writer of Hebrews concurs – man is destined to die and after that to face judgment (Hebrews 9:27). Your chance of being struck by lightning is one in a million, but your statistical chance of dying is one out of one. Death is a great equalizer.

When King Hezekiah became ill and was at the point of death, the prophet Isaiah went to him and said, “...put your house in order, because you are going to die...” This admonition still applies to us. Family members who survive the death of a loved one are often overwhelmed with a complex maze of social, emotional, physical, legal, financial, and spiritual needs. Dr. Billy Graham said:

Planning your own funeral is a gift from you to your survivors. No one can convey what you wish to leave as a personal testimony better than you can. Others may extol your virtues and ignore your shortcoming, but only you can tell of your love for the Lord, your appreciation of your family, and your anticipation of heaven.

*Facing Death and the Life After*, p. 202

Someone has said that if we spend more time thinking about death and less about life we would do a better job living as well as dying. That’s why Jim Elliott wrote, “When it comes time to die, make sure that all you have to do is die!” In reality, how a person dies tells you a lot about how that person lived.

Since funerals are for the living, take a couple of hours ***Putting Your House in Order***. This practical tool will walk you through the steps of easing the pain of your death. Invest the time ***now*** to lovingly serve the future needs of your family.

- Dr. James R. Ayers

## INSTRUCTIONS

- Write it in lead pencil.
- Update the information annually (perhaps at your birthday or your anniversary).
- If you don't have a will, make one immediately.
- If you do have a will, review it every year because things change!
- Gather these important papers in one location (safe deposit box, a fire proof lock-box, or safe in your home). Be sure your immediate family knows the location of these papers and how to access them with a key or combination.
- Communicate verbally your personal preferences regarding life-threatening conditions to immediate family members (your spouse and children).
- Write a personal letter to each member of your immediate family. If you prefer, make a CD or DVD for them. Label these clearly, seal them properly and include them with your important papers in a secure place.
- Write a statement of faith to be read publicly at your funeral or memorial service. Label it clearly, date and seal it, and then include it with your important papers in a secure place.

## NOTIFICATION OF FAMILY (HUSBAND)

**Parents/Step-Parents:**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Children/Step-Children**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Siblings/Step-Siblings**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Grandparents**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Former/Separated Spouse**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Extended Family (e.g. aunts, uncles, cousins)**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## **NOTIFICATION OF FAMILY (WIFE)**

### **Parents/Step-Parents:**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Children/Step-Children**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Siblings/Step-Siblings**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Grandparents**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Former/Separated Spouse**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Extended Family (e.g. aunts, uncles, cousins)**

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## IMPORTANT PAPERS

**Adoption Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Advance Medical Directives**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Bank Account Numbers & Agreements (Checking & Savings)**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Birth Certificates**

Children's

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Husband's

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Wife's

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Certificates of Deposit**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other



**Citizenship/Naturalization Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Collectables/Coins**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Contracts**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Credit Card Numbers and Agreements**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Deeds/Titles**

**Automobile(s)**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Boat/Motorcycle/Recreational Vehicle**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Cemetery Lots**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Property**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Real Estate Holdings**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Divorce Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Durable Power of Attorney for Health Care Decisions**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Insurance Policies**

Automobile

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Disability

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Health

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Homeowners

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Life

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Long Term Health Care

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Mortgage

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Travel Insurance

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**IRA Funds/Roth Accounts/Keogh/403b**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**IRS Records/Income Tax Returns**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Lawsuits Pending**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Lease Agreements**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Legal Agreements**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Liens**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**List of Specific Bequests**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Living Will**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Loan Agreements/Home Equity Loans**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Personal loans to friends/family/business associates

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

Student Loans

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Marriage Certificate**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Military Enlistment/Discharge Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Mortgage Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Partnership Agreements**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Passport/Visa**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Pension Documents**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Power of Attorney for Legal Affairs**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Pre-nuptial Agreement**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Pre-planned Funeral Arrangements/Funeral Home and Memorial Service**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Promissory Notes**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Rental Agreements**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Resume**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Retirement Funds/Plan/Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Safe's Combination (and key)**

Location: \_\_\_\_\_ Combination: \_\_\_\_\_

Location: \_\_\_\_\_ Combination: \_\_\_\_\_

**Safe Deposit Box/Documents/Key**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Bank's Name:** \_\_\_\_\_

**Separation Papers**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Social Security Cards**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Stocks, Bonds, Securities, Mutual Funds, and Annuities**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Time-Share Documents**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Trust Documents**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Will**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

**Written, CD or DVD Messages to Surviving Family Members**

Location:  Attorney  Home  Office  Safe  Safe Deposit Box  Other

- \_\_\_\_\_  \_\_\_\_\_
- \_\_\_\_\_  \_\_\_\_\_
- \_\_\_\_\_  \_\_\_\_\_

**LAST RIGHTS FOR** \_\_\_\_\_  
(Husband)

If my life deteriorates to a point where I can no longer communicate my personal preferences, my family and those providing medical treatment should know that these are my desires. If you have honored me in life, then please honor these requests in my death.

In the case of a life-threatening situation:

1. If my physical deterioration is prolonged, I prefer to die:
  - At home
  - In a hospital
  - In a private health-care facility
2. In the event of a serious bodily injury with no reasonable expectation for recovery, I [do do not] wish to be kept alive in a comatose state by medications or mechanical life support measures.

**In the event of my death:**

1. If the need or question arises, I [do do not] want an autopsy.
2. I [ am  am not] willing to donate any needed organ(s).

3. Regarding the disposition of my body, I prefer:  burial,  cremation,  that you do whatever you are most comfortable with.

- a. In the event of cremation, I would like my remains:  scattered at \_\_\_\_\_,  placed in a mausoleum vault at \_\_\_\_\_,  disposed of, or  handled as you see fit.
- (location)
- (cemetery name)

I [ have  have not] pre-purchased a vault at \_\_\_\_\_ (cemetery name)  
in \_\_\_\_\_ (city/state).

- b. In the event of burial:  
 Please contact \_\_\_\_\_ in \_\_\_\_\_ (Funeral Home) (city/state)  
at \_\_\_\_\_ (phone#) regarding the pre-planned funeral arrangements I have made.

I purchased a cemetery lot at \_\_\_\_\_ in \_\_\_\_\_ (cemetery name)  
\_\_\_\_\_. Their phone number is \_\_\_\_\_ (city/state).

4. I would like the following funeral home to handle the final arrangements:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

5. I [ have  have not] pre-arranged my funeral service with \_\_\_\_\_ (Funeral Home).  
Written copies of these prior arrangements are located \_\_\_\_\_.

6. I [ have  have not] pre-paid for my funeral service with \_\_\_\_\_ (Funeral Home).  
Written copies of these prior arrangements are located \_\_\_\_\_.

7. My personal preferences involve the following:

- An open casket viewing
- A closed casket viewing

- A private *family only* viewing with open casket
- A memorial service at the funeral home
- A memorial service at \_\_\_\_\_ Church
- In lieu of flowers, please designate memorial gifts to \_\_\_\_\_  
for the purpose \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

**It is recommended that this document be notarized.**

**LAST RIGHTS FOR** \_\_\_\_\_  
(Wife)

If my life deteriorates to a point where I can no longer communicate my personal preferences, my family and those providing medical treatment should know that these are my desires. If you have honored me in life, then please honor these requests in my death.

In the case of a life-threatening situation:

1. If my physical deterioration is prolonged, I prefer to die:
  - At home
  - In a hospital
  - In a private health-care facility
2. In the event of a serious bodily injury with no reasonable expectation for recovery, I [do do not] wish to be kept alive in a comatose state by medications or mechanical life support measures.

**In the event of my death:**

1. If the need or question arises, I [do do not] want an autopsy.
2. I [am am not] willing to donate any needed organ(s).
3. Regarding the disposition of my body, I prefer:  burial,  cremation,  that you do whatever you are most comfortable with.

- a. In the event of cremation, I would like my remains:  scattered at \_\_\_\_\_,  placed in a mausoleum vault at \_\_\_\_\_,  disposed of, or  handled as you see fit.  
(location)  
(cemetery name)

I [ have  have not] pre-purchased a vault at \_\_\_\_\_  
(cemetery name)  
in \_\_\_\_\_.  
(city/state)

- b. In the event of burial:  
 Please contact \_\_\_\_\_ in \_\_\_\_\_  
(Funeral Home) (city/state)  
at \_\_\_\_\_ regarding the pre-planned funeral arrangements I have made.  
(phone#)

I purchased a cemetery lot at \_\_\_\_\_ in \_\_\_\_\_  
(cemetery name)  
\_\_\_\_\_. Their phone number is \_\_\_\_\_.  
(city/state)

4. I would like the following funeral home to handle the final arrangements:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

5. I [ have  have not] pre-arranged my funeral service with \_\_\_\_\_.  
(Funeral Home)  
Written copies of these prior arrangements are located \_\_\_\_\_.



6. I [ have  have not] pre-paid for my funeral service with \_\_\_\_\_.  
(Funeral Home)  
Written copies of these prior arrangements are located \_\_\_\_\_.

7. My personal preferences involve the following:

- An open casket viewing
- A closed casket viewing
- A private *family only* viewing with open casket
- A memorial service at the funeral home
- A memorial service at \_\_\_\_\_ Church
- In lieu of flowers, please designate memorial gifts to \_\_\_\_\_  
for the purpose \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

**It is recommended that this document be notarized.**

## **NOTIFICATION OF FRIENDS**

When I, \_\_\_\_\_ die, please notify the following people in addition to immediate & extended family members:

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

## NOTIFICATION OF FRIENDS

When I, \_\_\_\_\_ die, please notify the following people in addition to immediate & extended family members:

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

## NOTIFICATION OF GROUPS

When I, \_\_\_\_\_ die, please notify the following companies, organizations, churches, and institutions.

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

## NOTIFICATION OF GROUPS

When I, \_\_\_\_\_ die, please notify the following companies, organizations, churches, and institutions.

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_



Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

### SPECIAL REQUESTS

by \_\_\_\_\_

In commissioning His twelve disciples to go out and minister to others, Jesus instructed them in part with these words, “Freely you have received, freely give” (Matthew 10:8). In my life, God blessed me richly...spiritually and materially. I am pleased to share with others, some of what God entrusted to me. In the spirit of Jesus Himself who said, “It is more blessed to give than to receive” (Acts 20:35), please distribute these personal items to the individuals noted.

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

## **SPECIAL REQUESTS**

**by** \_\_\_\_\_

In commissioning His twelve disciples to go out and minister to others, Jesus instructed them in part with these words, “Freely you have received, freely give” (Matthew 10:8). In my life, God blessed me richly...spiritually and materially. I am pleased to share with others, some of what God entrusted to me. In the spirit of Jesus Himself who said, “It is more blessed to give than to receive” (Acts 20:35), please distribute these personal items to the individuals noted.

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

Name(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Item(s) \_\_\_\_\_

## **FUNERAL PLANNING GUIDE**

**In memory of** \_\_\_\_\_

I wanted to play an active part in planning what will be done and said in my funeral. I want the tone of my service to be a celebration for, at last, I am with my Savior the Lord Jesus Christ. Grieve not for me – but for those who have yet to enjoy the glories of heaven.

So much as it is possible in the providence of God, I would appreciate your incorporating these requests:

1. I would like \_\_\_\_\_ of \_\_\_\_\_ to conduct my  
(pastor) (church/organization)

funeral service. He can be reached at \_\_\_\_\_ in \_\_\_\_\_.  
(phone#) (city/state)

2. These passages have meant a great deal to me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. My favorite verse/passage is \_\_\_\_\_.

4. I would like the message to be given from this text: \_\_\_\_\_.

5. If an eulogy is given, these people knew me best:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

6. Please read this poem: \_\_\_\_\_ (copy attached).

7. Musical Preferences:

Favorite hymn(s)/chorus(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite vocalist(s): \_\_\_\_\_

Favorite instrumentalist(s): \_\_\_\_\_

I would like this/these song(s) played or sung:

---

---

8. I have prepared a [ written testimony  CD  DVD] to be read/played during my funeral.  
It can be located \_\_\_\_\_.

9. Other special instructions or requests:

---

---

---

---

---

10. I recommend these individuals as possible pallbearers:

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_



\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## FUNERAL PLANNING GUIDE

In memory of \_\_\_\_\_

I wanted to play an active part in planning what will be done and said in my funeral. I want the tone of my service to be a celebration for, at last, I am with my Savior the Lord Jesus Christ. Grieve not for me – but for those who have yet to enjoy the glories of heaven.

So much as it is possible in the providence of God, I would appreciate your incorporating these requests:

1. I would like \_\_\_\_\_ of \_\_\_\_\_ to conduct my  
(pastor) (church/organization)  
funeral service. He can be reached at \_\_\_\_\_ in \_\_\_\_\_.  
(phone#) (city/state)

2. These passages have meant a great deal to me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. My favorite verse/passage is \_\_\_\_\_.

4. I would like the message to be given from this text: \_\_\_\_\_.

5. If an eulogy is given, these people knew me best:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

6. Please read this poem: \_\_\_\_\_ (copy attached).

7. Musical Preferences:

Favorite hymn(s)/chorus(es):

---

---

---

Favorite vocalist(s): \_\_\_\_\_

Favorite instrumentalist(s): \_\_\_\_\_

I would like this/these song(s) played or sung:

---

---

8. I have prepared a [ written testimony  CD  DVD] to be read/played during my funeral.

It can be located \_\_\_\_\_.

9. Other special instructions or requests:

---

---

---

---

---

10. I recommend these individuals as possible pallbearers:

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## PASTOR'S CHECKLIST FOR PLANNING CHURCH MEMORIAL SERVICES

### 1. Finalize arrangements with funeral director

When will they bring the casket/flowers? \_\_\_\_\_

Where will the casket be placed?

During the viewing: \_\_\_\_\_

During the memorial service: \_\_\_\_\_

If the casket is open, when and where will it be closed? \_\_\_\_\_

Other \_\_\_\_\_

### 2. Audio/Visual details

Who will operate the sound board? \_\_\_\_\_

Will vocalist(s) need any sound tracks played? \_\_\_\_\_

Will there be any video presentations? \_\_\_\_\_

Does sound person have a detailed order of the service? \_\_\_\_\_

Would the family like to have the service recorded? \_\_\_\_\_

Other \_\_\_\_\_

### 3. Music details

Who will play the organ? \_\_\_\_\_

- Who will play the piano? \_\_\_\_\_
- Who is provided any special music? \_\_\_\_\_
- When should prelude music begin? \_\_\_\_\_
- Who will play for the prelude, postlude, and congregational singing?  
\_\_\_\_\_  
\_\_\_\_\_
- Who is the song/worship leader? \_\_\_\_\_
- Other \_\_\_\_\_

#### 4. Administrative details

- Has the custodian been notified to clean before/after the service? \_\_\_\_\_
- Will special bulletin covers be used for the service? \_\_\_\_\_
- Plan the **Order of Service**
- Have the secretary type/copy the bulletins
- Give copies of the **Order of Service** to the:
  - Sound Person
  - Song/Worship Leader
  - Organist
  - Pianist
  - Soloist(s)
  - Funeral Director
  - Other participants in the service i.e. worship band
- Does the family want anything special printed in the bulletin?
  - Poem
  - Passages
  - Memorial fund information
  - Thank you's
  - Biographical information
  - Other \_\_\_\_\_

#### 5. Cemetery details

If the church has its own cemetery, have arrangements been made to dig the plot?

Other \_\_\_\_\_

6. Hospitality details

Will a reception be held at the church following interment? \_\_\_\_\_

Who will provide the food? \_\_\_\_\_

Who will serve the food? \_\_\_\_\_

Who will set up/clean up? \_\_\_\_\_

Other \_\_\_\_\_

7. Other details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESSES TO BE NOTIFIED**

**Electric**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Natural Gas**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Oil**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Water**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Sewer**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Garbage**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**TV Cable/Satellite**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Telephone**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Cell Phone**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Internet Satellite Server**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Condo Association**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

**Other**

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Customer # \_\_\_\_\_

## INFORMATION AT A GLANCE

<b>ACCOUNTANT</b>	Accounting Firm _____ Phone# _____ Address _____ Email _____ Website _____ Accountant's Name _____ Phone# _____
<b>ALARM SYSTEM</b>	Company Name _____ Phone# _____ Address _____ Email _____ Website _____ Representative's Name _____ Phone# _____
<b>ATTORNEY</b>	Law Firm _____ Phone# _____ Address _____ Email _____ Website _____ Attorney's Name _____ Phone# _____



<b>AUTOMOBILE REPAIR</b>	Garage Name _____ Phone# _____ Address _____ Email _____ Website _____ Mechanic's Name _____ Phone# _____
<b>BABY SITTER</b>	Name _____ Phone# _____ Address _____ Email _____
<b>BABY SITTER</b>	Name _____ Phone# _____ Address _____ Email _____

**BANK**

Bank Name \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Account Name (s) \_\_\_\_\_

Type of Acct. \_\_\_\_\_

Account # \_\_\_\_\_

Account Name (s) \_\_\_\_\_

Type of Acct. \_\_\_\_\_

Account # \_\_\_\_\_

Account Name (s) \_\_\_\_\_

Type of Acct. \_\_\_\_\_

Account # \_\_\_\_\_

Safe Deposit Box# \_\_\_\_\_

Key Location: \_\_\_\_\_

Registered in the name of: \_\_\_\_\_

<b>BANK</b>	Bank Name _____
	Phone# _____
	Address _____
	Email _____
	Website _____
	Account Name (s) _____
	Type of Acct. _____
	Account # _____
	Account Name (s) _____
	Type of Acct. _____
Account # _____	
Account Name (s) _____	
Type of Acct. _____	
Account # _____	
Safe Deposit Box# _____	
Key Location: _____	
Registered in the name of: _____	
<b>CHILDCARE SERVICES</b>	Care Giver's Name _____
	Phone# _____
	Address _____
	Email _____

<p><b>CHIRO- PRACTOR</b></p>	<p>Doctor's Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p>
<p><b>CHURCH</b></p>	<p>Church _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Pastor's Name _____</p> <p>Phone# _____</p>
<p><b>CHURCH</b></p>	<p>Church _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Pastor's Name _____</p> <p>Phone# _____</p>

<p><b>CREDIT CARD</b></p>	<p>Issued By _____</p> <p>Card# _____</p> <p>Address _____</p> <p>Expiration Date _____</p> <p>Phone# _____</p> <p>Issued To _____</p> <p>Website _____</p>
<p><b>CREDIT CARD</b></p>	<p>Issued By _____</p> <p>Card# _____</p> <p>Address _____</p> <p>Expiration Date _____</p> <p>Phone# _____</p> <p>Issued To _____</p> <p>Website _____</p>
<p><b>CREDIT CARD</b></p>	<p>Issued By _____</p> <p>Card# _____</p> <p>Address _____</p> <p>Expiration Date _____</p> <p>Phone# _____</p> <p>Issued To _____</p> <p>Website _____</p>

<p><b>CREDIT CARD</b></p>	<p>Issued By _____</p> <p>Card# _____</p> <p>Address _____</p> <p>Expiration Date _____</p> <p>Phone# _____</p> <p>Issued To _____</p> <p>Website _____</p>
<p><b>CREDIT UNION</b></p>	<p>Credit Union _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Website _____</p> <p>Email _____</p> <p>Account Name (s) _____</p> <p>Type of Acct. _____</p> <p>Account # _____</p>
<p><b>COUNSELOR</b></p>	<p>Name _____</p> <p>Specialty _____</p> <p>Address _____</p> <p>Phone# _____</p> <p>Email _____</p>

<b>COUNSELOR (Psychologist)</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____ Email _____
<b>COUNSELOR (Psychiatrist)</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____ Email _____
<b>DENTIST</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____ Email _____

<b>DEPARTMENT OF MOTOR VEHICLES</b>	Contact's Name _____ Phone# _____ Address _____ Email _____ Vehicle Information _____
---	---

<b>ELECTRICIAN</b>	Company _____ Phone# _____ Address _____ Email _____
<b>EMPLOYER</b>	Company _____ Phone# _____ Address _____ Email _____ Contact Person _____ Phone# _____
<b>EXECUTOR OF WILL</b>	Name _____ Phone# _____ Address _____ Email _____
<b>EX-SPOUSE</b>	Ex-spouse's Name _____ Phone# _____ Address _____ Email _____
<b>FLORIST</b>	Company Name _____ Phone# _____ Address _____ Email _____



<p><b>FUNERAL HOME</b></p>	<p>Company Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Contact Person _____</p> <p>Phone# _____</p>
<p><b>INSURANCE (LIFE)</b></p>	<p>Agency _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Agent's Name _____</p> <p>Phone# _____</p> <p>Policy# _____</p>
<p><b>INSURANCE (LIFE)</b></p>	<p>Agency _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Agent's Name _____</p> <p>Phone# _____</p> <p>Policy# _____</p>

<b>INSURANCE (LIFE)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
<b>INSURANCE (LIFE)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
<b>INSURANCE (LIFE)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____

<b>INSURANCE (HEALTH)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
<b>INSURANCE (HEALTH)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
<b>INSURANCE (DISABILITY)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____

<b>INSURANCE (AUTOMOTIVE)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
-----------------------------------	--

<b>INSURANCE (HOMEOWNER)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
----------------------------------	--

<b>INSURANCE (MISC.)</b>	Agency _____ Phone# _____ Address _____ Email _____ Website _____ Agent's Name _____ Phone# _____ Policy# _____
------------------------------	--

<p><b>INVESTMENTS</b></p>	<p>Investment Firm _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Broker's Name _____</p> <p>Phone# _____</p> <p>Account# _____</p>
<p><b>INVESTMENTS</b></p>	<p>Investment Firm _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Broker's Name _____</p> <p>Phone# _____</p> <p>Account# _____</p>
<p><b>INVESTMENTS</b></p>	<p>Investment Firm _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Broker's Name _____</p> <p>Phone# _____</p> <p>Account# _____</p>

<b>KENNEL</b>	Facility's Name _____ Phone# _____ Address _____ Email _____ Website _____ Special Instructions _____
---------------	--

<b>LANDLORD</b>	Management Company _____ Phone# _____ Address _____ Email _____ Contact Name _____ Phone# _____
-----------------	--

<b>MILITARY (ACTIVE DUTY)</b>	Base _____ Commander _____ Phone# _____ Rank _____ Branch of Service _____ Serial# _____
---------------------------------------	---

<b>MORTGAGE COMPANY</b>	Company Name _____ Loan# _____ Address _____ Phone# _____ Website _____ Agent's Name _____ Phone# _____
<b>NEIGHBOR</b>	Name(s) _____ Phone# _____ Address _____ Email _____ Place of Employment _____ Phone# _____
<b>NEIGHBOR</b>	Name(s) _____ Phone# _____ Address _____ Email _____ Place of Employment _____ Phone# _____

<p><b>NEIGHBOR</b></p>	<p>Name(s) _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Place of Employment _____</p> <p>Phone# _____</p>
<p><b>OPTOM- ETRIST</b></p>	<p>Doctor's Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p>
<p><b>PARENTS</b></p>	<p>Name(s) _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Place of Employment _____</p> <p>Phone# _____</p>
<p><b>PARENTS</b></p>	<p>Name(s) _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Place of Employment _____</p> <p>Phone# _____</p>



<b>PARENTS</b>	Name(s) _____ Phone# _____ Address _____ Email _____ Place of Employment _____ Phone# _____
<b>PARENTS</b>	Name(s) _____ Phone# _____ Address _____ Email _____ Place of Employment _____ Phone# _____
<b>PHARMACY</b>	Company's Name _____ Phone# _____ Address _____ Email _____ Pharmacist's Name _____ Phone# _____
<b>PHARMACY</b>	Company's Name _____ Phone# _____ Address _____ Email _____ Pharmacist's Name _____ Phone# _____

<b>PHYSICIAN</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____
<b>PHYSICIAN</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____
<b>PHYSICIAN</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____
<b>PHYSICIAN</b>	Doctor's Name _____ Specialty _____ Address _____ Phone# _____
<b>PLUMBING &amp; HEATING</b>	Company _____ Phone# _____ Address _____ Email _____ Contact Person _____ Phone# _____

<p><b>POWER OF ATTORNEY</b></p>	<p>Name(s) _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Phone# _____</p> <p>Email _____</p> <p>Relationship _____</p>
<p><b>REALTOR</b></p>	<p>Company _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Contact Person _____</p> <p>Phone# _____</p>
<p><b>REPAIRS</b></p>	<p>Company _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Contact Person _____</p> <p>Phone# _____</p>

<b>RETIREMENT</b>	Investment Firm _____ Phone# _____ Address _____ Email _____ Website _____ Broker's Name _____ Phone# _____ Account# _____
<b>SCHOOL(S)</b>	School Name _____ Phone# _____ Address _____ Email _____ Website _____ Advisor's Name _____ Phone# _____
<b>SCHOOL(S)</b>	School Name _____ Phone# _____ Address _____ Email _____ Website _____ Advisor's Name _____ Phone# _____

<b>SCHOOL(S)</b>	School Name _____ Phone# _____ Address _____ Email _____ Website _____ Advisor's Name _____ Phone# _____
------------------	--

<b>SCHOOL(S)</b>	School Name _____ Phone# _____ Address _____ Email _____ Website _____ Advisor's Name _____ Phone# _____
------------------	--

<b>SOCIAL SECURITY (Administration)</b>	Office Name _____ Phone# _____ Address _____ Email _____ Website _____ Advisor's Name _____ Phone# _____
---	--

<p><b>STUDENT LOANS</b></p>	<p>Company's Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Account Information _____</p>
<p><b>STUDENT LOANS</b></p>	<p>Company's Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Account Information _____</p>
<p><b>VETERANS ADMINIS- TRATION</b></p>	<p>Office Name _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>Email _____</p> <p>Website _____</p> <p>Contact Person _____</p> <p>Phone# _____</p>

<b>VETERINERIAN</b>	Office Name _____
	Phone# _____
	Address _____
	Email _____
	Website _____
	Vet's Name _____
	Phone# _____

_____	_____
	Phone# _____
	_____
	_____
	_____

_____	_____
	Phone# _____
	_____
	_____
	_____

_____	_____
	Phone# _____
	_____
	_____
	_____

<hr/>	<hr/> Phone# _____ <hr/> <hr/> <hr/>
<hr/>	<hr/> Phone# _____ <hr/> <hr/> <hr/>
<hr/>	<hr/> Phone# _____ <hr/> <hr/> <hr/>
<hr/>	<hr/> Phone# _____ <hr/> <hr/> <hr/>



	<hr/> Phone# <hr/> <hr/> <hr/> <hr/>
--	--------------------------------------

## DEATH CERTIFICATE AND OBITUARY DATA

**Please print clearly.**

1. Full Name (First, Middle, Last, Maiden): \_\_\_\_\_
2. Sex:  Male  Female
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Date of Birth (Month, Day, Year): \_\_\_\_\_
5. Place of Birth (City and State or Foreign Country) \_\_\_\_\_
6. Race (Be specific): \_\_\_\_\_
7. Occupation(s) (Work done during most of working life) \_\_\_\_\_  
\_\_\_\_\_
8. Place of Occupation at Present (Name and location): \_\_\_\_\_  
\_\_\_\_\_
9. Military History (Branch of armed forces and years of service): \_\_\_\_\_  
\_\_\_\_\_
10. Educational History (Institutions and degrees): \_\_\_\_\_  
\_\_\_\_\_
11. Civic Involvement: \_\_\_\_\_  
\_\_\_\_\_

12. Marital Status:

- Married-Surviving Spouse (If wife, give maiden name) \_\_\_\_\_
- Widowed-Deceased Spouse (If wife, give maiden name) \_\_\_\_\_
- Divorced (Former Spouse) \_\_\_\_\_
- Never Married

13. Mailing Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Actual Residence: State \_\_\_\_\_ County \_\_\_\_\_  
Township \_\_\_\_\_ Borough of \_\_\_\_\_

15. Father's Name (First, Middle, Last): \_\_\_\_\_

16. Mother's Name (First, Middle, Maiden Surname): \_\_\_\_\_

17. Children:	Name	Address

18. Which newspaper(s) should print the obituary?

Name: \_\_\_\_\_

Town/City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Town/City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Town/City: \_\_\_\_\_

Phone #: \_\_\_\_\_

19. Meet with the funeral director to finalize the arrangements and obituary.

20. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEATH CERTIFICATE AND OBITUARY DATA

**Please print clearly.**

1. Full Name (First, Middle, Last, Maiden): \_\_\_\_\_
2. Sex:  Male  Female
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Date of Birth (Month, Day, Year): \_\_\_\_\_
5. Place of Birth (City and State or Foreign Country) \_\_\_\_\_
6. Race (Be specific): \_\_\_\_\_
7. Occupation(s) (Work done during most of working life) \_\_\_\_\_  
\_\_\_\_\_
8. Place of Occupation at Present (Name and location): \_\_\_\_\_  
\_\_\_\_\_
9. Military History (Branch of armed forces and years of service): \_\_\_\_\_  
\_\_\_\_\_
10. Educational History (Institutions and degrees): \_\_\_\_\_  
\_\_\_\_\_

11. Civic Involvement: \_\_\_\_\_  
\_\_\_\_\_

12. Marital Status:
- Married-Surviving Spouse (If wife, give maiden name) \_\_\_\_\_
  - Widowed-Deceased Spouse (If wife, give maiden name) \_\_\_\_\_
  - Divorced (Former Spouse) \_\_\_\_\_
  - Never Married

13. Mailing Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Actual Residence: State \_\_\_\_\_ County \_\_\_\_\_  
Township \_\_\_\_\_ Borough of \_\_\_\_\_

15. Father's Name (First, Middle, Last): \_\_\_\_\_

16. Mother's Name (First, Middle, Maiden Surname): \_\_\_\_\_

17. Children:	Name	Address

18. Which newspaper(s) should print the obituary?

Name: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Phone #: \_\_\_\_\_

19. Meet with the funeral director to finalize the arrangements and obituary.

20. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_