

Funeral Information Form

Full Name: _____

Maiden Name: _____

Address: _____

City, ST, Zip: _____

At the completion of my course of life on earth, I would like my family and friends to use the following information, requests, and suggestions in the plans for my memorial or funeral service.

Please check the appropriate spaces. I would prefer:

- | | |
|--|--|
| <input type="checkbox"/> Memorial Service, burial preceding | <input type="checkbox"/> Casket closed |
| <input type="checkbox"/> Funeral, burial following | <input type="checkbox"/> Casket open prior to service |
| <input type="checkbox"/> Memorial Service, cremation preceding | <input type="checkbox"/> Casket open during service |
| <input type="checkbox"/> Funeral, Cremation following | <input type="checkbox"/> Casket open following service |
| <input type="checkbox"/> Interment to be public | <input type="checkbox"/> Interment to be private |

Other Instructions or Requests

If cremation is chosen, please comment upon what you would prefer be done with the remains?

I prefer the Memorial or Funeral Service be held at _____
(please give preference and location of Church, Funeral Home, Cemetery, Base Chapel, or other location.)

Memorial Service or Funeral Service Requests:

1. Favorite Hymns/Songs:
2. Is there a specific musician you would like to sing
3. Favorite Scriptures:
4. Favorite Poetry: (please attach a copy)

5. Personal words to leave: (A brief testimony is often a powerful witness)
6. What Minister(s) would you like to conduct the service?
7. What part would you like each to have?
8. Are there others you would like to participate? (Friends, Associates, Fraternal Orders?)

Living Memorials

Many loved ones and friends prefer the custom of giving living memorials to a church, a mission organization, school, or charity in lieu of flowers. Please express your preference.

Burial

1. Are you a member of a Memorial/Burial Association? (Please specify names)
2. Do you have burial insurance, a pre-arranged and/or pre-paid arrangements made? If so, with whom?
3. Are you eligible for an American Flag as a Veteran?
4. Do you have a grave plot? If so, where is the location:

Will

Do you have a will? Who has copies?

Organ Donor

Have portions or all of your body been donated to science? If so, give details:

From time to time you may wish to revise this form. Often other friends or family members may also wish to have copies. Please feel free to contact the church for additional blank forms, or feel free to make copies.

Please keep this form in a safe place, not in a safety deposit box (your pastor, a friend or family member may be appropriate. It is often helpful to give a copy to your pastor, as he will likely be able to better minister when needed.)