

FUNERAL PLANNING

Name of your Congregation _____

Date (this form is filled out) _____

FUNERAL ARRANGEMENTS

It is suggested that a copy of this form be left with your church office. It is also suggested that a copy be left with the funeral home of your choice. The information you provide may be changed at any time.

Please complete the following:

Name: _____

Date of Birth: _____ Date of Baptism: _____

I have a will (please circle one): Yes No If yes, where is it kept? _____

I would like the following preferences to be seriously considered at the time of my death. May the following suggestions help those who will be finalizing my funeral arrangements. The family is not bound by any of these suggestions.

The Funeral Home

1. Please contact the following funeral home regarding my funeral arrangements:

Name: _____

Address: _____

2. I have made arrangements with the above named funeral home (please circle one). Yes No

The Body (circle one in each of the following)

1. Disposition of my body:

A. Earthen burial

B. Cremation, with ashes to be _____

C. Mausoleum

2. Viewing of my body/visitation:

- A. Family and friends
- B. Family only (if they choose)
- C. No viewing please

3. Place of viewing/visitation:

- A. Both above named funeral home the evening prior to the service and the above named church
- B. The above named church
- C. The above named funeral home
- D. Other: _____

4. I would like to be buried at the following cemetery:

Name: _____

Address: _____

5. I (please circle one) have or have not purchased a lot at this cemetery.

The Worship Service

1. Type of service:

- A. Funeral with my body/ashes present followed by committal at cemetery
- B. Funeral with my body/ashes present followed by private committal for family only
- C. Funeral with my body/ashes present – no committal
- D. Committal for family prior to Memorial Service without my body/ashes present
- E. Memorial Service without my body/ashes present – no committal
- F. Special Service (military, fraternal etc.)

Please specify: _____

2. Place of service (please circle one):

- A. Above named church
- B. Above named funeral home
- C. Other: _____

3. I would like Holy Communion celebrated in the service (please circle one) Yes No

4. Readings from the Scripture I would like as part of the service:
(The number of readings is optional)

5. The congregational hymns I would like as part of the service are:
(The number of hymns is optional)

6. The solos I would like sung as part of the service are:
(The number of solos is optional)

7. Optional: I would like you to ask the following person to be a soloist at the service

8. Optional: I would like you to ask the following person to be a organist/musician at the service

9. Optional: I would like you to ask the following person to read the lessons at the service

10. I would like to have the following people asked to be casket bearers:

11. I would like the flower from the service:

- A. Left at the church
- B. Brought to _____ hospital
- C. Brought to _____ nursing home
- D. Other: _____

12. Memorial Suggestions: _____

13. Please list any other information you wish to have considered by your family and pastor in make your funeral arrangements.

Suggested Scripture Readings

Old Testament and Psalms

Genesis 2:7	Psalm 23	Psalm 121
Job 19:23-27a	Psalm 42:1-7	Psalm 130
Ecclesiastes 3:1-8	Psalm 46:1-6	Psalm 143
Isaiah 25:6-9	Psalm 90	
Isaiah 61:1-3	Psalm 118	

New Testament and Gospels

Romans 5:1-11	Matthew 25:1-13
Romans 5:17-21	Luke 12:35-40
Romans 8:31-39	John 11:21-27
1 Corinthians 15:12-26	John 14:1-6
2 Corinthians 4:16 -5:2 (appropriate after long suffering)	
2 Thessalonians 4:13-18	
1 Peter 1:3-9	
Revelation 7:9-17	
Revelation 21:2-7	