## Personal Preplanning Funeral Form

Share this form with your	pastor and loved ones to make planning your funeral easier.	
Name:	Phone:	
Address:		
I,sign here	, request the following at the time of my death.	
I do not wish t	g to the resurrection (funeral) to have a funeral or memorial service. funeral or memorial service as detailed below.	
1. I would like the follow	ing Scripture read. (Choose up to four passages.)	
	ing hymns sung. (List up to three hymns. You only need to pro	ovide titles.)
The Lord's Suppe	ald not like to have the Lord's Supper celebrated at this service can be a great source of strength and consolation to the grievanion of the saints a visible reality.	ce. ving, and
4. Do you have any storie (Use a separate sheet if no	es of your life or faith that you would like to have shared at thi eccessary.)	s service?
5. Is there anything that y (Use a separate sheet if n	ou would like people to know as they worship at this service?	

Does your family know of your last wishes? If not, you may wish to address the following. Please note that this is not a legal document, but a record to convey your final wishes. One copy should be given to family or friend and one copy to the church.

		ngements (relative, friend, pastor, attorney):Phone:
Name:	Address:	Phone:
2. Pastor to be called:		
	Address:	Phone:
3. Mortician to be call	ed:	
Name:	Address:	Phone:
Please check the follo	wing if it is your desire	
4. Treatment of my bo	ody	
(It is marrange) That my b	y responsibility to choose the in ements.) ody be made available for autor	eial, or scientific center as will accept it stitution or up to those who make my final asy lamingwithout embalming
That there That a That I hav arrange That a me	re discussed/instructed my famil ements and cost (limit) morial service (i.e. body not bei	eld at church funeral home y/friends as to the kind of casket and other  ng present) be held at
I nat neith	er a funeral nor memorial service	e de neid
place:_ That my b	shes be preserved or disposed o	
7. Contributions/Flow	vers	
Flowers a Organizat	re desired ions to which contributions may	be sent
	ance consultation with the minis	ly and friends. I recognize my own ter or mortician of my choice.

The following information is required for the death certificate. By filling this form out now, you can spare your family an additional responsibility at the time of your death.

Name:			
First	Middle		Last
Social Security #:	Sex:M	F Race:	
Date of birth://	Citizen of wha	at country:	
Birthplace:	Armed	l Services:	
MarriedNever Married	Widowed	Divorced	
Usual residence:			
City	County	State	Country
Current street address:			
Street		City	State
Type of work done during working	life (even if cur	rently retired):	
Father's name:			
Mother's maiden name:			

Steven Shussett created this form to meet the typical needs of a pastor officiating at a funeral and to address standard death and burial procedures. For additional details on death and burial concerns, see "Preparing for a Death in the Family" by Cynthia O'Brien, in the March/April 2007 issue of *Horizons*, published by Presbyterian Women.

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