

## Thoughts About What Is to Happen at Your Death Personal Information

Your full name: \_\_\_\_\_

Nicknames you would like noted: \_\_\_\_\_

Date of birth: \_\_/\_\_/\_\_ Place of birth: \_\_\_\_\_

Name of Parents:

Name of siblings – their spouses and children:

Name of spouse:

Names of children – their spouses and children:

Names of grandchildren – their spouses and children:

Work experience:

Military service:

Do you have discharge papers (DD 214): yes \_\_\_\_\_ no \_\_\_\_\_

Branch of service: \_\_\_\_\_

Persons you want to be notified at the time of your death (name, address, phone #)

Newspapers, journals, publications that should be notified of your death (name, address, phone #)

Have funeral arrangements been made with a Funeral Home? yes \_\_\_\_\_ no \_\_\_\_\_

Name, address, phone # of Funeral Home:

Do you desire burial – yes \_\_\_\_\_ no \_\_\_\_\_

Location of burial site:

Do you desire cremation – yes \_\_\_\_\_ no \_\_\_\_\_

Desired disposition of your ashes:

What you would like written on your tombstone:

Where would you like memorial donations to be made:

### Funeral/Memorial Service

Do you prefer a funeral/memorial service to be held:

At the church \_\_\_\_\_ Graveside \_\_\_\_\_ Funeral Home \_\_\_\_\_

Other \_\_\_\_\_

Clergy you want to be involved in your funeral/memorial service (name, address, phone #)

Scripture readings you want included in your funeral/memorial service:

Bible readings you want included in your funeral/memorial service:

Special music you would like played by the organist or sung by the choir (or a soloist) at your funeral/memorial service:

Other readings you would like included in your funeral/memorial service – i.e., poetry:

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Complete this form, submit a copy to be placed in a file in the church office, give a copy to your next of kin, and place a copy with your Will.