

Funeral/Memorial Service Planning Forms

Understanding that the death of a loved one causes stress on family and friends, you are being furnished with this 'worksheet' to fill out to help your loved ones through the difficulties of arranging your Funeral or Memorial service.

One must realize that the Funeral or Memorial service is for the comfort and affirmation of the living. The family should be given the freedom to complete these arrangements, as they feel led. This information should be used with care, thanksgiving and respect.

This form is intended to convey your suggestions only and is not legally binding nor should it be considered morally binding. There are many circumstances at the time of death that could make it difficult to carry out every suggestion to the letter. However, your suggestions could be very helpful to your family and the church.

Please use this form lovingly and wisely. Consider your entries carefully. Feel free to consult with family members, your pastor, friends or a funeral director. BE as clear and concise as you can.

Do not feel compelled to complete all parts (some may not be applicable). Complete as much as you believe will be helpful to those you love. Once you have finished filling out the form, keep a copy at your home, give a copy to a family member or friend and provide your pastor a copy to keep in her/his personal file in the church office. I encourage you once you fill this out to make an appointment with the pastor to talk about it as your wish.

Yours in Christ,

Pastor Heidi

MY SUGGESTIONS TO THOSE WHO PLAN MY FUNERAL

It is suggested that this portion of the form be filled in after you have first consulted with your pastor.

I _____, make the following suggestions for my Funeral/Memorial Service.

I request that pastor (name if known) _____ of _____ Church, be contacted immediately in order that they may offer assistance to my family.

An additional clergy person I would like to have involved in my service is

Name: _____

Email: _____

Phone #: _____

The family member or friend who is the main point of contact for service planning

Name: _____

Relationship: _____

Phone number: _____

Email _____

Additional people who need to be a part of my funeral planning are (if applicable)

Name	Phone number	Relationship
_____	_____	_____
_____	_____	_____

My choice of funeral home is: _____

Address: _____

Phone #: _____

I request the following disposition of my body be made (check all applicable boxes):

() Buried in cemetery, located at _____.

I () do () do not have space there.

Lot owner _____

Location of deed _____

Block _____ Section _____ Lot _____

() Placed in a crypt in mausoleum (name) _____

located at _____

() Cremation Choice of crematorium: (name)

Address:

Phone #:

() Donated to Medical School for anatomical science studies. Form completed and located at: _____

() If possible, I would like the following organs to be made useful for another person: _____

Living Bank form completed and located _____

Type of religious service: I prefer that there be (check all applicable boxes):

() A memorial service, without the body present,

at () Church or () Funeral Home

() Holy Communion

() A funeral service, with the body present

at () Church or () Funeral Home

() Closed casket

() Open casket prior to the service

() Holy Communion

() Only a graveside committal service at _____

() No service of any kind

If there is to be a committal or graveside service, I prefer that it be held:

() First

() Following the funeral service

() That it be private

() Open to all who wish to come

I have the following suggestions for scriptures (these, of course, must eventually be approved by the officiating clergy person):

I have the following suggestions concerning the music to be sung or played and/or hymns to be used (these, of course, must eventually be approved by the officiating clergy person):

My choice of pallbearers, if living and able to serve (please name 6)

() I would wish these to be honorary pallbearers (optional)

(If applicable) Military ceremony instructions, contacts, etc.

Memorial donation or flowers:

() I prefer that there be donations in lieu of flowers to the

() Mission Endowment of Living Hope Lutheran Church or

() Other _____

() Flowers used at the discretion of my family

() No limitations or restrictions as to flowers

() No flowers

I have these other suggestions or requests concerning my memorial or funeral service: _____

Other requests or information not covered or requested previously in this form:

These plans should be discussed with and affirmed by your family.

Signature: _____

Witness: _____

Date signed: _____

Please note: Because you are taking the time to fill this out, it is also appropriate to consider medical directives, living will and designation of proxy with durable power-of-attorney if you have not already done so. We encourage you to ensure your family knows of these wishes as well.