

WISHES FOR MY FUNERAL OR MEMORIAL SERVICE

Please consider completing this form about yourself and your request for your funeral or memorial service. Make a copy for other members of your family so they are aware of your intent. When this form is completed, please make certain a copy is given to the Pastor or returned to the church office. This information is important for the family and the church as to your final wishes.

Full Name: _____ Maiden Name: _____

Address: _____

At the completion of my life here on earth, I would like my family or friend(s) to use the following information, requests, and suggestions in the plans of my memorial or funeral service.

I would prefer (please check the appropriate spaces):

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

Other instructions or requests:

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

I prefer the Memorial or Funeral Service to be held at _____ (Church, Funeral Home, Cemetery, or other location.)

Memorial or Funeral Service Request:

1. Favorite Hymns _____
2. I would like _____ as a soloist.
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 clergy would you like to officiate? _____
7. If more than one clergy, what part would you like each to have _____
8. Are there others that you would like to participate? _____ (family, friends, associates.)

Many persons prefer the custom of giving a memorial to a church or an organization in lieu of flowers. What is your preference? _____

Burial:

1. Are you a member of a Memorial or Burial Association? _____ Please specify _____

2. Do you have burial insurance, a pre-arranged and/or pre-paid arrangement? _____

With whom? _____

3. Are you eligible for an American flag as a veteran? _____

4. Do you have a grave plot? _____ Location? _____

Do you have a will? _____ Who has copies? _____

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

It will be helpful if you give a copy of this form to the person who is in charge of your arrangements and also give a copy to the church. If you make revisions, make sure that those who have a copy of the original are given the revision. Please keep this form in a safe place, not in a safety deposit box.

Occupation and accomplishments in life: _____

Hobbies and special interests: _____

Participation in the life of New Creation Church, (for example – offices held within the church, organizations, volunteer work, etc.) _____

Other wishes: _____