

**A HELP AND GUIDANCE IN THE EVENT OF MY DEATH**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

MILITARY I.D. # \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NEAREST OF KIN (Other than immediate family)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

It is acknowledged that the information and instructions provided in this questionnaire is for the guidance of my family and friends in making the arrangements necessary at the time of my death and is not legally binding or enforceable and that this information is being left with my church for safekeeping and not in any way to make the church obligated or responsible for the execution of these instructions.

I hereby give the following instructions: (Answer only questions applying to you.)

1. \_\_\_\_\_ I wish that my body or parts thereof be used for medical purposes. (Provisions must be made by proper documentation in accordance with state law.)

2. \_\_\_\_\_ A. I desire the following funeral home to handle my affairs:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
If the above is out of town, local funeral home name \_\_\_\_\_

\_\_\_\_\_ B. I wish cremation, with disposition as follows: Ashes to be buried:  
PLACE \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ C. I wish burial in a casket.  
PLACE OF BURIAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Casket desired: \_\_\_\_\_ Least expensive  
\_\_\_\_\_ Moderately expensive  
\_\_\_\_\_ Most expensive

Type of plot: \_\_\_\_\_ Ground  
\_\_\_\_\_ Crypt  
\_\_\_\_\_ Already purchased.  
If so, where:

PLACE \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. I wish the following memorial service:

A. Scripture Reading preferences for my memorial service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Confirmation verse: \_\_\_\_\_

B. Favorite hymns: \_\_\_\_\_

\_\_\_\_\_

C. Place of Service: Church: \_\_\_\_\_

Funeral Home : \_\_\_\_\_ address: \_\_\_\_\_

D. Body to be viewed? YES NO

E. Flowers Desired? YES NO

F. Casket Bearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Organist \_\_\_\_\_

4. Memorial gifts to following organizations:

A. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

B. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

C. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

5. Do you have a will? YES NO

A. Location of will: \_\_\_\_\_

B. Name of attorney: \_\_\_\_\_

Address: \_\_\_\_\_

6. Brief Auto-Biographical notes to include in obituary (optional).

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Baptism Date: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_

Confirmation Date: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_

School Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Marriage Date: \_\_\_ / \_\_\_ / \_\_\_ Place: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Children's Names: \_\_\_\_\_

\_\_\_\_\_

Military Dates and Rank: \_\_\_\_\_

Employment History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: If you need help with this questionnaire, feel free to call the church office. Additional forms for all members of your family are available at church. Please fill out this form and return it to the church office as soon as possible where it will be kept on file for you. Thank you.