

Vital Information

Name _____

Address _____

Birthdate _____

Place of Birth _____

Father's Name _____

Place of Birth _____

Mother's Name _____

Place of Birth _____

Names of immediate family members and their relationship:

Social Security No. _____

U.S. Veteran? Yes _____ No _____

Pastor _____

Church _____

List at least two family members to notify and state their relationship, address, and phone numbers:

Name, address, and phone number of Attorney _____

Name of Mortuary _____



Service Preferences

1. Type of Service (check preference):

- Funeral service at church preceded by graveside services
- Memorial service only
- Private burial service preceded by special Memorial Service at the church
- Funeral service at the Mortuary followed by graveside service
- Private burial service only

2. Special preferences (use additional paper if necessary)

Music (vocal and/or instrumental selections) _____

Favorite Scriptures _____

Selected Readings _____

Memorial Fund or donations to a foundation or charity to which my family and friends may contribute _____

Other requests or comments _____



Disposition of Body

1. Preferred treatment:

- Embalmed
 Not embalmed
 Buried in earth
 Without vault
 With vault
 Cremation (please provide preference for disposition of ashes)

2. Casket to be of

- Natural wood
 Metal
 Fabric covered wood

3. Arrangements for bequests for research have been made with

4. Permission granted for autopsy:

- Yes No

5. Cemetery preference _____

Lot No. _____

Type of marker:

- Bronze tablet
 None
 Headstone monument
 Other _____

Signed _____ **Date** _____

Witnesses

_____ **Date** _____

_____ **Date** _____

This booklet is to be filled out, kept in a personal file (not a safety deposit box), or given to the next of kin, pastor, or executor of your estate, with a copy filed in the church office for the Department of Worship & Arts. If church membership is transferred, the office copy will be forwarded.

