

IN LIFE AND IN DEATH, WE BELONG TO GOD
EXPRESSION OF WISHES SURROUNDING DEATH

Name: _____

I wish to outline my preferences regarding procedures to be followed at the time of my death. I understand that this form is not legally binding, and the ultimate decisions are to be made by my next of kin. I hope that my wishes will be taken seriously.

CONTACT

Next of kin or guardian to be consulted at my death:

Name:

Phone:

Relationship:

PASTOR

I request that pastor _____ of _____ Church be contacted immediately to offer assistance.

FUNERAL DIRECTOR

I prefer that the _____ Funeral Home of _____ (City, ST) be asked to take care of arrangements.
I () have () have not prepaid

MEDICAL RESEARCH

() I have no objection to an autopsy if there is cause

If possible, I would like the following organs to be donated:

DISPOSITION OF THE BODY

I prefer that my body be

() Cremated, and my ashes be _____

() Placed in a crypt at _____ Mausoleum
Location/Address:

() Donated to _____ Medical School for anatomical science studies
() medical school has necessary forms on file

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() Buried in _____ Cemetery

Location/Address:

Burial plot block _____ section _____ lot _____ Lot owner:

Location of deed:

() Other

WITNESS TO THE RESURRECTION

() a memorial service (without body present)

() a funeral service (with body present)

Casket price range () low () med () high

VETERANS ONLY () I would like a flag

Location of Honorable Discharge papers:

I request the service be at

() _____ Church

() _____ Funeral Home

() _____ Cemetery

() Other: _____

Hymns:

Scriptures:

MEMORIAL DONATION/FLOWERS

In lieu of flowers, I prefer donations to

() Memorial Fund of _____ Church.

() Other: _____

DOCUMENTATION

I () have () have not completed a will.

Location of copy:

I () have () have not completed a living will.

Location of copy:

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DEATH CERTIFICATE and/or NEWSPAPER NOTICE

() a draft obituary is included

Full Name:

Full Address:

Birth date (incl year):

Birth place:

Father's information:

Full name:

Birth place:

Mother's information:

Full name:

Birth place:

Last occupation:

Last employer:

Kind of business:

Veteran (war, or dates):

() married () widowed () divorced () never married

Surviving Spouse

Full name (including maiden):

Present or past occupation:

Surviving Family

Parents:

Brothers:

Sisters:

Children:

Grandchildren:

Great grandchildren:

Nieces/nephews:

Memberships

Church:

Other organizations:

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ACCESS

PROVIDE COPIES TO EACH ADULT MEMBER OF THE FAMILY AND THE CHURCH OFFICE

Copies of this expression of my wishes are filed with

Church:

Funeral Home:

Relative(s):

OTHER COMMENTS, QUESTIONS, REQUESTS

Signature _____ Date _____