

SUGGESTIONS FOR FUNERAL ARRANGEMENTS

Faith Mennonite Church
1201 S. 11th Street Goshen, IN

All of us make careful plans for important events in our lives such as births, graduations, and weddings. We all know that our lives are in God's hands and that only God knows when our life on earth will cease. God has planted in us the desire to live, and it is natural for us to put off thinking about our death. This form, however, provides us an opportunity to record pertinent information and personal desires that will speak for us and our faith even after the time of our death.

This information is to be filed in the church office with a copy made for a spouse, relative or friend. It can be updated at any time.

Personal Information and Preferences

Today's date _____

Full name _____

Address _____

Phone _____

Birthplace _____

Date of birth _____

If married (or widowed), spouse's full name _____

Marriage date and place _____

Came to this area from _____ Lived here since (year) _____

Main occupations or employers _____

If retired, date of retirement _____

Service experience (VS, missionary, military, etc.) _____

Education (schools attended, last grade completed, degrees) _____

Membership/involvement in significant organizations _____

Children

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's name _____

Mother's maiden name _____

Brothers and Sisters

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a living will? Yes _____ No _____ Location? _____

In the event of an emergency or death, please notify the following:

Name/relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

My doctor _____

My lawyer _____

Power of attorney (finances) _____

Power of attorney (medical decisions) _____

Location of my will _____

Executor of my will _____

Location of insurance policies and other valuable papers

Funeral home preference _____

Are there specific plans on file at the funeral home? _____

Do you wish to be buried? Yes ___ No ___

Do you wish to be embalmed at the time of your death? Yes ___ No ___

Do you wish your body to be cremated? Yes ___ No ___

Do you wish to contribute body organs for transplant or medical research? Yes ___ No

Cemetery preference _____ Plot number _____

Other instructions and comments (clothing, eyeglasses, rings, etc.) _____

Funeral/ Memorial Service Preferences

Visitation at the church _____ at home _____ at the funeral home _____

Open casket _____ Closed casket _____ No casket present _____

I prefer _____ the burial service followed by a memorial service

_____ a funeral service followed by the burial service

The following scriptures are meaningful to me _____

The following hymns and songs are some of my favorites _____

If possible, I would like special music (hymns and persons participating) _____

If possible, I would like the following persons to assist in the service _____

Pallbearers: _____

Memorial gifts directed to whom? _____

Other preferences or requests for the memorial service _____

Any of the above may be discussed with the pastors.

Signature

Date