

*Last Wishes
and
Funeral
Pre-Arrangements*



7800 West County Road 42
Apple Valley, MN 55124

Last Wishes and Funeral Arrangements

This form is to inform loved ones of your wishes when you die.

Planning for one's death is not something most of us look forward to, however, it is important to make sure you provide your loved ones with the information they will need to carry out your last wishes. That's why we have created this pamphlet. It will help you sort through the many issues that confront families upon death. Taking time today can provide peace of mind for yourself and your family. Please discuss these wishes with your loved ones.

Fill out the following information (as much or as little as you prefer). If more space is needed for your information please attach additional pages to this document. When you've finished, bring it into the church office. We will maintain a copy in your membership file.

Full Name: _____ Date: ___/___/20___

City, State, Zip: _____ Phone Number: (____) ___/____

Email: _____@_____.com or .net (circle one) Other: _____

I am a member of Grace Lutheran Church Apple Valley, MN: Yes ___ No ___

Documents

I have a prepared estate/trust document: Yes ___ No ___

I have a prepared Advanced Directives document: Yes ___ No ___

I have given copies of these documents to: _____

I have a will: Yes ___ No ___ Executor of my will: _____

My will is located at: _____

I am an organ donor: Yes ___ No ___

My Biographical Information

Name: _____ Social Security ____ - ____ - _____

Date of Birth: ___ / ___ / _____ Birthplace _____

Father: _____ Mother's maiden name: _____

Brothers and sisters names: _____

Childhood (spent in what city) _____ (State) _____

Educational history, (high school, college or university, degrees earned): _____

Military record, served (when, where, for how long): _____

Military awards, honors, citations: _____

Married (whom, when, where): _____

Children's names: _____

Vocational history (worked for whom, where, held what specific position): _____

Tributes or awards received, retired when: _____

Hobbies, sports, interests, etc. _____

Clubs, societies, civil groups, etc. _____

Church affiliation: _____

Baptized (when and where) _____

Confirmed (when and where): _____

Any additional facts or stories: _____

Arrangements

Have you made pre-planning arrangements with a mortuary, crematory, or cemetery? If so, please fill out the following information. If not, proceed to the "My Wishes Are" section below.

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ - _____ Contact: _____

Type of plan you have arranged: _____

Have you paid in advance or purchased insurance to cover the costs of your funeral arrangements?

Yes ____ No ____ If yes, please specify type of arrangements (contract numbers, policy numbers, etc.): _____

If you have a burial plot provide the location: _____

Military burial: Yes ____ No ____

My Wishes Are:

Autopsy: Yes ____ No ____ or may be decided by _____

Burial: Yes ____ No ____

Type of casket: _____

My burial marker should read: _____

Someday we are going to see him in his completeness, face-to-face.

1 Corinthians 13:12

Arrangements (continued)

Cremation: Yes ___ No ___ I have an urn: Yes ___ No ___

Cremation before or after the funeral service: Before _____ After _____

Ashes scattered: Yes ___ No ___

If yes, please provide location: _____

Visitation: The evening before the funeral/memorial service ___

Just before the service ___

Both before the service and the evening prior to the service ___

No visitation ___

Viewing preferences: None ___

Open ___

Immediate family only ___

All family and friends ___

My favorite flowers: _____

Viewing / burial with special clothing, jewelry, etc.: _____

Any additional requests: _____

After my death, final decisions concerning these funeral requests should be made by: _____

I have discussed these wishes with my family: Yes ___ No ___

Favorite Bible passages, hymns, poems, prayers: _____

Jesus said to him. " I am the way and the truth, and the life. "

John 14:6

The Funeral/Memorial Service Information

What type of service: ___ Funeral (a service where the body is present)

___ Memorial (a service where no body is present)

(Either type of service is acceptable in the Christian Faith)

Where do you prefer the service to be held? Church ___ Funeral Home ___ Other _____

Name and Location (address): _____

Persons to be asked to serve as pallbearers (six): (male and/or female):

Organist: Church provided ___ Other _____

Soloist: None ___ Church provided ___ Other _____

Name to be displayed on funeral banner (Ex. Robert or Bob) _____

Do you want a eulogy to be given (i.e. a summary of your life and legacy):

Yes ___ No ___ If so, by whom: _____

Committal Service:

To be at graveside: Yes ___ No ___ To be at disposal of ashes: Yes ___ No ___

Other: _____

Memorial gifts to: _____

Any requests concerning the small biographical leaflet typically provided by the funeral home: _____

My Signature: _____ Date: _____