

*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: \_\_\_\_\_