

PLANNING A MEANINGFUL SERVICE
(for personal and church files)

I. PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Place of Birth: _____

Husband/Wife: _____

Children: _____

Grandchildren: _____

Other Significant Persons: _____

II THE SERVICE

A. Music I would like played or sung

List your favorite hymns, chants, or memorable songs you would like to have sung at your service. If you have any particular soloist, singers, or musicians that you would like to perform at your service, write them down as well.

1. _____

2. _____

3. _____

4. _____

B. Readings

Scripture, sacred readings, poems, etc. Write down who you would like to have offer each reading.

1. _____

2. _____

3. _____

4. _____

5. _____

C. Special Instructions

List any special instructions for the service. Do you have a preference regarding Holy Communion during the service?

Holy Communion

Yes

No

No Preference

Other Instructions: _____

D. Location of Service

Church _____

Other _____

E. Location of Gathering/Reception

Church _____

Other _____

F. Flowers and Monetary Donations

Yes (*Which Kind?*)

No Flowers

I would like all monetary donations to go to my family.

I would like a percentage of all monetary donations to go to the following organizations (*list percentage to each*):

1. _____

2. _____

3. _____

G. Altar: How would you like the altar to be arranged:

Flowers (Which kind?)

My photograph (*How would you like to be remembered? Which photo best represents you? Where is it located?*)

Religious image (*what?*)

Other

III BURIAL INSTRUCTIONS

A. Organ Donation

Yes No

Special Instructions: _____

B. Burial or Cremation

I want to be (check one)

Buried. If you own a plot, location of papers: _____

Cremated

Body Donation

Other: _____

C. Viewing

Would you like your body to be viewed prior to your service?

Yes

Where should the viewing be held? _____

Which clothes would you like to wear? _____

No Viewing

I have pre-arranged my funeral and burial

Yes (with which mortuary?)_____

Location of Plan:_____

No

Person in charge at time of need:_____

Phone #:_____

IV OTHER INSTRUCTIONS OR INFORMATION
