

FUNERAL PLANNING WORKSHEET

Please supply as much information as you wish to share.

Guide for the Christian Funeral of

[full name: first middle (maiden) last]

Date(s) completed/ revised

This worksheet may be used by a bereaved family in the midst of funeral planning; or by individuals anticipating an impending death; or to express one's personal wishes for your own funeral. This worksheet may be revised at any time.

TO EXPRESS WISHES FOR YOUR FUNERAL

You may choose to file this worksheet with the church. This information will be kept in a confidential file available to the pastor of Our Saviour's Lutheran Church.

Also, after you complete the worksheet consider telling someone you trust about it. You may wish to discuss what you have written to be certain that it is clear. Consider providing copies for: 1. your family; 2. to file with your will; 3. your funeral home.

Or simply give them a note that says, "As we have discussed, I have recorded my desires regarding my death and burial. I keep this information in the following place: _____ (perhaps: on file at the church; with my will) At the time of my death, I ask that you use this information to the extent possible. With gratitude," Then sign, date, and send the note.

I understand that the information and instructions provided here are for the guidance of my church, my family, and my friends in making arrangements necessary at the time of my death. Although this information is being left for safekeeping, it is not legally binding or enforceable. I understand that this worksheet does not make the church obligated or responsible for the execution of these instructions.

signature/ date

Type of Worship Service

- Funeral with coffin/urn present
 Memorial service without remains
 Graveside service only

Care of the Body

- Donate organs (Complete other documents.)
 as transplants
 for research
- Donate body for research (with ashes returned) (Complete other documents)
- Autopsy
 none unless legally required
 if it will benefit medical research
 decision to be made by _____
- Embalm body (usually required if unrefrigerated over 24 hours before burial)
- Cremate body
 after visitation or service
 before visitation or service
- Bury body
 Other: _____
(might include: burial at sea, ashes spread, above ground interment, etc.)

Expressions of Sympathy

- Flowers
 Live plants
 Other: _____

Memorials

Memorial gifts might be used to further support these organizations:

Funeral Home or Mortuary

Preferred company:

(contact person, phone number)

Have pre-arrangements been made?

yes

no

Type/cost of coffin/urn

Type/cost of grave liner/vault

Attire for burial/cremation

Jewelry or glasses _____

remove for family

remove and donate

bury with body

Include in coffin/urn

(Specific arrangements in advance at the funeral home of your choice are encouraged.)

Visitation

Visitation (at a time/place different from the funeral service)

no

yes

Visitation location

funeral home

church

home

Visitation time

evening before funeral

day of funeral

Funeral Service

Location

- church
 funeral home
 cemetery chapel
 cemetery (no funeral, a graveside service only)
 other: _____

Time

- morning
 afternoon
 evening

Remains present

- yes
 no (a memorial service)

Holy Communion celebrated (in church)

- yes
 no

On/near the casket/urn

- funeral pall (baptismal symbol)
 coffin spray (flowers)
 Bible or other symbol of faith: _____
 photograph
 cross
 flag (but not used inside the sanctuary during the service)

(The funeral pall will always be used to cover the casket during the worship service unless expressly declined.) (In this case consider a bouquet of flowers from the family or a smaller coffin spray.)

Favorite Biblical theme or image

Biblical readings

(might include: favorites, baptismal or confirmation.)

Congregational hymns

Other music or non-biblical readings

Prayers

Participants

Memories and tributes given by

Pall bearers (select six for a service with the coffin present)

Honorary pall bearers

Service folder cover (printed on parchment-colored paper)
___ Biblical or seasonal image (wheat, butterfly, cross, etc...)

Eligibility for military honors or death benefits

___ yes
___ no

Other Notes

Lunch/Reception

Meal following the service for mutual conversation and consolation

yes
 no

Location

church
 other _____

Menu

cake and coffee
 sandwiches
 cold salad
 hot meal
 other _____

Biography / Obituary

On a separate document, record events, things, people, accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc. as possible.

List full name, birth name, parents, date and location of birth, baptism, confirmation, marriages, brothers and sisters, spouse(s), children, ministry in daily life, volunteer activities, military service, memberships, etc. This information does not need to be prepared in paragraph form.

Include a photograph for publication.

Cemetery

I have made arrangements for my burial.

Name of cemetery _____

Location of cemetery _____

Contact person, phone _____

Name of lot or crypt holder _____

Easement or deed number _____

Legal description of graves or crypts as shown on easement or deed

I am a lot holder and have made arrangements with the cemetery to assign graves to specific individuals. These arrangements are:

grave number assigned to relationship

_____ I do not have arrangements for my burial. I suggest the following arrangements.

_____ I have arrangements for a memorial marker with the following company:
(name, address, phone, contact person)

The arrangements are:

_____ I do not have arrangements for a memorial marker. I would prefer the following
(check first with the cemetery for specific regulations): You may wish to suggest a
particular symbol or text.

Legalities

Birth date and location

Baptism date, church, and location

Next of kin _____

Marital status

Marriages/divorces/ spouse(s)

Important Documents and Advisors

It is important that survivors be able to locate vital records and important documents. Before your death you should have a current will/living trust and related health care directives which express your wishes on important personal, financial, medical and charitable issues for your survivors.

Location and date of will/living trust

Attorney/will preparer

Social Security number

Power of attorney/person

Executor of estate/person

Guardian (if minor children)

Insurance companies/agents

Bank accounts

Pension accounts

Financial advisor/
person

Property & real estate

Income tax records/location/accountant

Other

(include phone numbers of individuals; indicate if you have not prepared a will)

Additional Comments
