

Davisburg United Methodist Funeral Planning Worksheet

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

Guide For The Christian Funeral Of

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Completed Date

Revised Date

Month	Day	Year

Month	Day	Year

You may choose to file this worksheet with the church or with your other "Important" papers. This information will be kept confidential file available to the Pastor Of Davisburg United Methodist Church

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

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Signature

Month	Day	Year

Legalities

Social Security #

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Driver's License #

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Location Of Will And Other Important Documents

Date Of Will

Month	Day	Year

Your Information

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Last Name

First Name

Middle Name

Suffix

Male

Female

Date Of Birth

Month	Day	Year

City Of Birth

State

Marital Status

- Single Divorced
 Married Widowed Long Term Partner

Number Of Marriages

Number Of Divorces

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Spouse's Name

--	--	--

Last Name

First Name

Middle Name

Long Term Partner's Name

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Last Name

First Name

Middle Name

Previous Spouse's Name

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Last Name

First Name

Middle Name

Religion/Denomination

Name Of Church

Phone Number

Baptism Date

Month	Day	Year

Place Of Baptism

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Next Of Kin

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Last Name

First Name

Middle Name

Phone

Attorney Or Preparer Of Will

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Last Name

First Name

Middle Name

Phone

Health Insurance #1

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Name Of Company

Contract #

Policy #

Phone

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Health Insurance #2				
	Name Of Company	Contract #	Policy #	Phone

Health Insurance #3				
	Name Of Company	Contract #	Policy #	Phone

Power Of Attorney				
	Last Name	First Name	Middle Name	Phone

Executor Of Estate				
	Last Name	First Name	Middle Name	Phone

Financial Account #1				
	Institution Name	Account Number	Type Of Account	Phone

Financial Account #2				
	Institution Name	Account Number	Type Of Account	Phone

Financial Account #3				
	Institution Name	Account Number	Type Of Account	Phone

Financial Account #4				
	Institution Name	Account Number	Type Of Account	Phone

Organizations

Organization Name	Phone

Organization Name	Phone

Additional Information:

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 The Ashes Returned (Complete Other Documents)
- Autopsy
 None Unless Legally Required
 If It Will Benefit Medical Research
 Decision To Be Made
- Embalm Body
 Yes
 No
- Bury Body
- OTHER: (Might inc.: Burial at sea, ashes spread, above ground interment, etc.,)

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Expressions Of Sympathy

Flowers Live Plants Donation - To:

Memorials

Memorial gifts might be used to further support these ministries and organizations:

Church Foundation or endowment fund Church Memorial Fund

Specifically in the area of:

Other: (Please specify)

Funeral Home

Preferred Company

Have pre-arrangements been made? Yes No

Type/cost of coffin

\$

Type/cost of grave liner/vault

\$

Attire for burial/cremation

Jewelry or glasses Remove For Family Remove And Donate Bury With Body

If being removed, who is to receive the items?

Specific arrangements in advance with the funeral home of your choice are encouraged.

Visitation

Visitation (at a time and place different from the funeral service) Yes No

Visitation Location: Funeral Home Church Other:

Visitation Time: Evening Before Funeral Day Of Funeral

Funeral Service

Location: Funeral Home Church Cemetery Chapel Cemetery (No Funeral, A Graveside Only)

Other:

Time Morning Afternoon Evening

Funeral Pall (Baptismal)

Remains Present Yes No

On Or Near The Casket/Urn

Coffin Spray (Flowers) Photograph

Holy Communion Celebrated (In Church) Yes No

Bible Or Other Symbol Of Faith Cross

(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.)

Flag (But Not Inside The Sanctuary During Service)

Favorite Biblical Theme Or Image

Biblical Readings

Book:

Chapter:

Verse:

To Verse:

May Include: Favorites, Baptismal Or Confirmation

Book:

Chapter:

Verse:

To Verse:

Book:

Chapter:

Verse:

To Verse:

Hymns:

Other Music Or Non-Biblical Readings

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Prayers:

Participants	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Memories And Tributes	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Pall Bearers (Select 6)	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone
	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	Last Name	First Name	Phone

Honorary Pall Bearers	<input style="width: 98%; height: 60px;" type="text"/>
<i>Usher Society, Prayer Group, Choir Members, Ministry Team, Etc.</i>	

Service Folder Cover: Biblical Or Seasonal Image Art Of My Choosing (Please Attach And Keep A Copy With This Document)

Eligible For Military Honors Yes No

Other Notes:

A Complete Liturgy May Be Prepared And Attached.

Lunch/Meal
Meal Following The Service For Mutual Conversation And Consolation. <input type="checkbox"/> Yes <input type="checkbox"/> No
Location <input type="checkbox"/> Church <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>

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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

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

Grave Number	Assigned To	Relationship
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

I do NOT have arrangements for my burial. I suggest the following arrangements:

I do have arrangements made for a memorial marker with the following company

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Company Name	Company Name	Phone
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
Street	City	State Zip Code

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):

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 formation to the extent possible. With gratitude," Then sign, date, and send the note.