

Church Name _____

Address _____

Phone _____

Confident of Jesus' promise of resurrection and eternal life, I entrust myself to his eternal care, and offer this information to those who will prepare my funeral or memorial service one day.

Understanding that this is not a legal or binding document, I, nevertheless, am making my wishes known about these matters as a testimony of my hope and faith.

I am the resurrection and the life. ~ John 11:25

You are love and to Love you shall return.

Print Your Name _____

Signature _____

Date _____

PERSONAL INFORMATION

The following is a list of information that may be used for family records and/or my obituary.

Full Name _____
(Last) (First) (Middle)

Date and Place of Birth _____

Father's Full Name _____

Mother's Full (Maiden) Name _____

Date and Place of Baptism _____

Date and Place of Confirmation _____

Date and Place of Marriage(s) _____

Full Name of Spouse(s) _____

Children _____

Siblings _____

Education (high school, college, graduate school—locations and dates) _____

Employment History _____

Other information to include in obituary (military service, memberships, stories, etc.)

Feel free to include this information on a separate piece of paper.

FUNERAL SERVICE PLANNING INFORMATION

Location of Service _____ Church _____ Funeral Home

If in the Church, I _____ would or _____ would not like Communion.

Scripture readings that are meaningful to me that I've turned to in my life

Old Testament _____ Psalm _____

New Testament _____ Gospel _____

Hymns that I love _____

Other Music (solo, choir anthem, instrumental, etc.) I would like included, if possible.

Pallbearers I would choose (active/honorary; men/women)

I want memorial gifts designated to the following organizations, persons, etc. _____

Additional information concerning my funeral service I wish to share _____

FUNERAL ARRANGEMENTS

I want the following funeral home to handle my funeral _____
(Name)

(City, State) (Phone Number)

I have already made pre-paid funeral arrangements _____
(Location of Documents)

My desire for my remains is ___ Burial ___ Cremation ___ Donation to Science

A.) _____
(Name and Location of Cemetery)

Casket desired (style, material, expense, etc.) _____

Burial vault desired (material, expense, etc.) _____

Headstone desired (material, size, inscription, etc.) _____

B.) Cremation _____ ashes buried _____ ashes scattered (if allowed by law)

(Location)

If burial, urn desired (style, material, expense, etc.) _____

If burial, headstone desired (material, size, inscription, etc.) _____

C.) Donation to science _____
(Name and Location of Institution)

(Contact Person) (Phone Number)

Provisions have been made by proper documentation in accordance with state laws

Governing this procedure. _____
(Location of Documents)

Other Pertinent information _____

OTHER INFORMATION

St. Peter has established an endowment fund to provide for the future needs of our congregation. I would like to be contacted to learn more information. ___Yes ___No

This document will be kept on file in the St. Peter Lutheran Church office. The pastor and office administrator will have access to this document. I give the following people permission to obtain this form.

