



## PRE-PLANNING FOR A MEMORIAL OR FUNERAL SERVICE

Before completing this information sheet, please review the handout, "Service of Witness to the Resurrection: Guidelines for a Christian Funeral," for a description of the guidelines and ordinary practices of Pioneer Memorial Presbyterian Church.

### Personal Preferences for:

**Full Name:** \_\_\_\_\_  
*First Middle Last*

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



In order for this advisory to be effective it must be signed, dated, and returned to the church office. The form will be maintained in your membership file. You should also keep a photocopy for your personal files. It is recommended that your copy be kept with other important documents such as a last will and testament, durable power of attorney, living will, and healthcare power of attorney. Additional copies of this form are available in the church office.

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

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

## PERSONAL INFORMATION

Name you prefer to go by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Marital Status:  Single     Married \_\_\_\_\_  Divorced     Widowed \_\_\_\_\_  
Date Date

Name of Spouse: \_\_\_\_\_

Military Service: \_\_\_\_\_

## FAMILY INFORMATION

**Children** *please list all children including date of birth and name of spouse if married*

_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>

**Grandchildren** *please list all grandchildren including date of birth and which of your children is their parent*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Family Members** *please list other living family members such as parents, siblings, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUNERAL HOME

Name of Preferred Funeral Home: \_\_\_\_\_

Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

BURIAL/CREMATION PREFERENCES

Do you prefer to be:  Buried  Cremated

Disposition of Body/Ashes: \_\_\_\_\_

Name of Cemetery/Columbarium: \_\_\_\_\_

Preferred Type of Casket: \_\_\_\_\_

Location of Burial Plot: \_\_\_\_\_

Body to be Donated to Medical Science

MEMORIAL GIFTS/CONTRIBUTIONS

Wishes Regarding Contributions:

Memorial Contribution to Peace Memorial Presbyterian Church

Memorial Contributions to Specific Charities:

You Would Consider Including the Church in Your Estate Planning

OBITUARY

You may include information here that you would like to include in an obituary that would be published.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC WISHES REGARDING THE MEMORIAL SERVICE/FUNERAL

**Type of Service Desired:**

- Memorial Service
- Funeral (body present in sanctuary)
- Graveside Service Only

**Location of Service:**

- Peace Memorial Presbyterian Church Sanctuary
- Other Location: \_\_\_\_\_

**Scriptures Requested:**

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**Music Requested:**

**Organ/Piano/Vocal Selections:** \_\_\_\_\_

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**Hymn Selections:** \_\_\_\_\_

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**Other Special Requests:** \_\_\_\_\_

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