

Funeral Planning Worksheet

Vital Information in Case of Death Bethany Christian Church (Disciples of Christ) of
Supplying loved ones with necessary information about your funeral preferences will save them a lot of grief, stress and inconvenience and how they can best honor you. The information collected herein will be kept in file in the church office and will be made available to whomever you designate at the appropriate time of your passing.

Today's date _____

Name _____ (First)
(Middle) (Maiden) (Last) {other names Gone By}

ResidentialAddress _____
(If in a convalescent or care facility, indicate the address prior to admittance)

Date of birth _____
(Month) (Day) (Year)

Where born _____ (City)
(County) (State)

Marital status (Circle the one that is applicable)

Married Never Married Separated Divorced Significant Partner Name of

spouse 1 _____ Date

spouse 2 _____ Date

spouse 3 _____ Date

Father _____ Mother _____

Children Name

(Full name)	(Full name)	Address	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Siblings Name

(Full name)	(Full name)	Address	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Occupation (s) _____

Employer(s) _____ Date

retired (if applicable) _____

Persons to be notified at my death:

Name relationship address phone number email address _____

Schools/College or University(attended/degrees) _____

_____ Clubs,
Fraternities, Sororities _____ Preferred
Funeral Home or Cremation Service _____

Check one:

- _____ I wish to have my body buried at _____
- _____ I wish to be cremated and my ashes taken to _____
- _____ If possible, I wish to have my body donated to medical science. My physician and My family may choose a medical school for the use of my body.

Check one if you do not wish to be cremated

- _____ my body may be viewed
- _____ my body may not be viewed _____ my body may be viewed by family only

Check one for the location of your funeral or memorial service

- _____ Christian Church of
 - _____ Funeral Home
 - _____ Graveside • _____ Other (please specify _____)

Special requests: Military or Fraternal ceremonies _____

Organization _____ contact info if available
ceremonies _____

Organization _____ contact info if available
ceremonies _____

Organization _____ contact info if available

Special Bible verses to be read _____

Special Hymns/Songs to be sung or Played(if possible) _____

In lieu of flowers, I would like memorial gifts sent to _____ Christian Church
of _____ - Address

Phone _____ Web

Memorial Fund and /or favorite charities

(if not _____ Christian, please include the address /phone _____)

_____ Please
indicate any other reflections or special requests that you might have not listed above.