

## Funeral/Memorial Planning Worksheet

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

- 2) I desire my funeral/memorial service to be held at:
- \_\_\_\_\_ Riverside Presbyterian Church
  - \_\_\_\_\_ The \_\_\_\_\_ funeral home
  - \_\_\_\_\_ I desire a graveside service at the place of committal only

3) Officiating Clergy \_\_\_\_\_  
(Ordinarily, the pastor of RPC will lead the worship service. Additional clergy may be invited to participate in the leadership of the service at the discretion of the pastor. See Book of Order W-4. 1003)

4) Location of Burial Plot or Niche for Ashes \_\_\_\_\_  
(City, Township or Church Yard) (State)

\_\_\_\_\_  
(Crypt or space) (Section) (Lot and grave #)

Desired Monument/Marker \_\_\_\_\_  
(Type)

- 5) Please indicate one of the following regarding viewing of the body:
- \_\_\_\_\_ It is my wish that my body be available for viewing at the funeral home/church/other.
  - \_\_\_\_\_ It is my wish that my body not be available for viewing at the funeral home/church/other.
  - \_\_\_\_\_ It is my wish that my body be available for viewing by my family only.

6) Please indicate which one or more of the following concerning the disposition of my body apply:

- \_\_\_\_\_ It is my wish to have my body buried.
- \_\_\_\_\_ It is my wish to have my body cremated and then buried.
- \_\_\_\_\_ It is my wish to have my body cremated and then placed in a columbarium.
- \_\_\_\_\_ It is my wish to have my body cremated and privately disposed of by my family.
- \_\_\_\_\_ If possible, I wish to have my body donated to science.
- \_\_\_\_\_ If possible, I wish to have my usable organs donated as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. \_\_\_\_\_ I have completed the organ donor identification forms and requirements.

7) Please indicate preferred **types of service**: (See the definition of each in *Holy Living-Holy Dying Booklet*)

- \_\_\_\_\_ It is my wish to have a **funeral** with my body or ashes present.
- \_\_\_\_\_ It is my wish to have a **memorial** service without my body or ashes present.
- \_\_\_\_\_ It is my wish to have a **committal** service at the grave side.

8) Concerning the timing of the funeral/memorial service:

- \_\_\_\_\_ I desire a funeral service with my body or ashes present followed by the committal burial or placement of ashes in their resting place.

- b. \_\_\_\_\_ I desire a memorial service after the committal of my body or ashes.
- c. \_\_\_\_\_ I desire a memorial service prior to the committal of my body or ashes without the body or ashes present.

9) Regarding the committal, I desire:

- a. \_\_\_\_\_ Only family and close friends at the committal.
- b. \_\_\_\_\_ The church and community to be invited to attend.

10) At the funeral/memorial service, I wish to have the following verses of Scripture read by the pastor(s). (Suggested material is located in the *Holy Living-Holy Dying* packet) If you do not wish to make a selection, the pastor(s), in consultation with your family, will do so.

Old Testament \_\_\_\_\_

New Testament \_\_\_\_\_

11) In addition to verses of Scripture, I would like to have a certain prayer or poem used in the service if deemed appropriate by the pastor(s).

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12) I would like congregational singing at my service. Specifically desired hymns are: (Suggested material is located in the *Holy Living-Holy Dying* packet).

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13) In addition to congregational singing at my service, my wishes for special music are:

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14) I would like to be remembered for the following service(s) I have rendered to my community and to my church.

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15) My wishes regarding flowers and other gifts upon my death:

a. \_\_\_\_\_ I welcome the gift of flowers.

b. \_\_\_\_\_ I wish only simple flower arrangements provided by the family.

c. \_\_\_\_\_ I wish memorial gifts in lieu of flowers to be sent to:

1. \_\_\_\_\_ Riverside Presbyterian Church

2. \_\_\_\_\_ Other

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d. \_\_\_\_\_ I wish the flowers used in my funeral/memorial service to be used for Sunday worship.

e. \_\_\_\_\_ My family can decide to keep the flowers.

f. \_\_\_\_\_ I wish the flowers used at my service to be donated to the church for the distribution to homebound church members.

16) Concerning my funeral/memorial service, I have the following additional requests or instructions subject to approval of the pastor. *Use additional sheets as necessary.*

*I understand that there may be certain circumstances which may prevent some of my requests from being carried out. It is enough to know that the pastor(s) and my family members and church members will do their best to honor my requests.*

*Please retain a copy of this worksheet for your records and inform your family where it is kept. Additionally, please provide the Riverside Presbyterian Church with a copy so that your wishes and desires may be known and honored. **All material is kept confidential.***

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

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

**Riverside Presbyterian Church  
815 84th Street  
Niagara Falls, N. Y. 14304  
Phone 716-283-9752**

**Dear Brothers and Sisters,**

What happens when we die? Our Christian faith assures us that with God. Those who are left behind want to make this final transition in a way that meets the deceased person's wishes, which we often do not get around to sharing with others.

This Life Inventory is simply a convenient way to record information that family, friends and the pastor need so that they may creatively deal with the loss of a love one

**Laura Norris-Buisch  
Pastor**

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**Dear Family and Friends,**

in the even of my death, I want to make the following information available in order that it may be helpful to those I leave behind

**NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**MY SPOUSE(S)** \_\_\_\_\_  
(add date of wedding(s)      date of spouse(s) death if deasesed, etc)

**MY CHILDREN (& spouses)** \_\_\_\_\_

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

**MY GRANDCHILDREN** \_\_\_\_\_

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

**MY PARENTS** \_\_\_\_\_

**MY BROTHERS** \_\_\_\_\_

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

**MY SISTERS** \_\_\_\_\_

\_\_\_\_\_  
**NAME, ADDRESSES AND TELEPHONE NUMBERS OF FAMILY MEMBER OR FRIEND WHO WOULD KNOW ADDRESSES OF THOSE TO BE NOTIFIED**

\_\_\_\_\_  
\_\_\_\_\_  
**IF POSSIBLE, I WOULD PREFER:**      \_\_\_\_\_ **FUNERAL SERVICE (BODY PRESENT)**  
   \_\_\_\_\_ **MEMORIAL SERVICE (BODY NOT PRESENT)**

**I PREFER THE SERVICE TO BE HELD AT**      \_\_\_\_\_ **CHURCH**                  \_\_\_\_\_ **FUNERAL HOME**  
   \_\_\_\_\_ **CREMATION**                  \_\_\_\_\_ **RESEARCH**

**SCRIPTURE VERSES THAT HAVE GIVEN ME COMFORT AND STRENGTH** \_\_\_\_\_

\_\_\_\_\_  
**FAVORITE HYMNS** \_\_\_\_\_

\_\_\_\_\_  
**OTHER FAVORITE MUSIC** \_\_\_\_\_

**I CONSIDER MY MOST IMPORTANT ACCOMPLISHMENTS IN LIFE TO HAVE BEEN** \_\_\_\_\_

\_\_\_\_\_  
**SHOULD ANYONE CARE TO DESIGNATE A GIFT IN MY MEMORY, I WOULD PREFER IT BE GIVE TO** \_\_\_\_\_

\_\_\_\_\_  
**I** \_\_\_\_\_ **HAVE**    **I** \_\_\_\_\_ **HAVE NOT MADE A WILL**      **LOCATION** \_\_\_\_\_

**OTHER INFORMATION WHICH MIGHT BE HELPFUL FOR USE IN PLANNING YOUR SERVICE**

\_\_\_\_\_  
**DATE** \_\_\_\_\_      **SIGNATURE** \_\_\_\_\_