



Funeral/Memorial Service Planning Forms

Understanding that the death of a loved one causes stress on family and friends, you are being furnished with this 'worksheet' to fill out to help your loved ones through the difficulties of arranging your Funeral or Memorial Service.

One must realize that the Funeral or Memorial Service is for the comfort and affirmation of the living. The family should be given the freedom to complete these arrangements, as they feel led. This information should be used with care, thanksgiving, and respect.

This form is intended to convey your suggestions only and is not legally binding nor should it be considered morally binding. There are many circumstances at the time of death that could make it difficult to carry out every suggestion to the letter. However your suggestions could be very helpful to your family.

Use this form lovingly and wisely. Consider your entries carefully. Feel free to consult family members, your pastor, friends or a funeral director. Be as clear and concise as you can. Do not feel compelled to complete all parts. Complete as much as you believe will be helpful to those you love.

Once you have finished filling out the form, keep a copy at your home, give a copy to a family member or friend and provide your pastor a copy to keep in his/her personal file in the church office.

MY SUGGESTIONS TO THOSE WHO PLAN MY FUNERAL

It is suggested that this portion of the form be filled in after you have first consulted with your pastor.

I _____, make the following suggestions for my
Funeral/Memorial Service.

I request that pastor (name if known) _____
of _____ Church, be contacted
immediately in order that they may offer assistance to my family.

My choice of funeral home is: _____
Address: _____
Phone #: _____

I request the following disposition of my body be made (check all applicable boxes):

Buried in _____ cemetery,
located at _____.

I do do not have space there.

Lot owner _____

Location of deed _____

Block _____ Section _____ Lot _____

Placed in a crypt in mausoleum (name) _____
located at _____

Cremation

Choice of crematorium: (name) _____

Address: _____

Phone #: _____

Donated to _____ Medical School
for anatomical science studies.

Form completed and located _____

If possible, I would like the following organs to be made useful for another person:

Living Bank form completed and located _____

Type of religious service:

I prefer that there be (check all applicable boxes):

A memorial service, without the body present, at

_____ Church or
_____ Funeral Home

Holy Communion

A funeral service, with the body present at

_____ Church or
_____ Funeral Home

Closed casket Open casket in the Narthex prior to the service

Holy Communion

Only a graveside committal service at _____

No service of any kind

Other type of service _____

If there is to be a committal or graveside service, I prefer that it be held:

First

Following the funeral service

That it be private

Open to all who wish to come

I have the following suggestions for scriptures (these, of course, must eventually be approved by the officiating clergy person): _____

I have the following suggestions concerning the music to be sung or played and/or hymns to be used (these, of course, must eventually be approved by the officiating clergy person):

My choice of pallbearers, if living and able to serve (please name 6) _____

I would wish these to be honorary pallbearers (optional) _____

My choice of clergy to conduct the services is:

Name: _____

Address: _____

Phone #: _____

Military ceremony instructions, contacts, etc.

Memorial donation or flowers:

- I prefer that there be donations in lieu of flowers to the
 - Memorial Fund of Mountain View Lutheran Church or
 - Mission Endowment Fund of Mountain View Lutheran Church
 - Other listed below:

- Flowers used at the discretion of my family
- No limitations or restrictions as to flowers
- No flowers

I have these other suggestions or requests concerning my memorial or funeral service:

Other requests or information not covered or requested previously in this form:

These plans should be discussed with and affirmed by your family.

Signature: _____

Witness: _____

Date signed: _____