

Thoughts I'd like shared only with my family at the time of my funeral: \_\_\_\_\_

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Thoughts I'd like shared with my congregation at the time of my funeral: \_\_\_\_\_

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

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

The following information is optional but may prove useful:

Executor of estate: \_\_\_\_\_

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Educational Achievements: \_\_\_\_\_

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Employment History: \_\_\_\_\_

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Military Record: \_\_\_\_\_

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Activities in Church, Clubs and other Organizations: \_\_\_\_\_

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Safe Deposit Box location: \_\_\_\_\_

Primary Bank and/or Trust Company: \_\_\_\_\_

You may wish to write and attach an obituary as you would wish it submitted to the newspaper.



## *Funeral Preferences*



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As an act of Christian Stewardship and concern for my survivors, I file this record of "Last Things" with Immanuel Lutheran Church to reduce confusion and stress of loved ones at the time of my death. Nothing herein which proves unreasonable at the time should be considered binding. Changes or updates can be made to this document anytime. Please contact the church office to notify us of the changes you make so we have a current copy as well.

Full Legal Name: \_\_\_\_\_

Social Sec. # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Officiating Pastor: \_\_\_\_\_

Previous Marriage Info: \_\_\_\_\_

Children (Name, city, phone/contact info)	Living (yes/no)
_____	_____
_____	_____
_____	_____
_____	_____

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Officiating Pastor: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Place of Confirmation: \_\_\_\_\_

Officiating Pastor: \_\_\_\_\_

Confirmation Verse: \_\_\_\_\_

Location of Last Will and Testament: \_\_\_\_\_

Is it your Intention that Organs and Tissue should be donated?  Yes  No

Person(s) to consult concerning arrangements: \_\_\_\_\_

Are you sharing these details with them?  Yes  No

Advance Directives  Yes  No People informed: \_\_\_\_\_

Name of preferred Funeral Home and address: \_\_\_\_\_

Name of Contact there, if any: \_\_\_\_\_

Place of Service:  Church  Funeral Home  Other

Preparation of my Body:  Traditional Embalming  Cremation

If Casket:  Open  Closed  Pall  Casket floral arrangement

Place of Burial: \_\_\_\_\_ Are plots chosen/secure?  Yes  No

If Ashes:  Urn  If Scattered, Where? \_\_\_\_\_

Indicate if other than Parish Clergy are to Officiate: Name: \_\_\_\_\_

Eulogy  Yes  No Person to give: \_\_\_\_\_

Favorite Bible Verses: \_\_\_\_\_

Favorite Psalms: \_\_\_\_\_

Musical selections: \_\_\_\_\_

Suggested/Preferred Musicians/Soloist Contact information: \_\_\_\_\_

Active Pallbearers (usually 6, Names and Contact information): \_\_\_\_\_

Honorary Pallbearers (Names and Contact information): \_\_\_\_\_

Flowers:  Preferred  in lieu of flowers... (See Memory Tributes below)

If Memorial Tributes are to be directed, designate Church and/or other Organization(s): \_\_\_\_\_

Media Preferences (if any):  Picture Board

Slide Show .... To be shown  Before Service  After Service  During Reception

Other instructions, if any, concerning the Celebration of my life: \_\_\_\_\_