

## MY WISHES AT THE TIME OF MY DEATH

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Next of Kin \_\_\_\_\_

### 1. I wish to have the service held at:

\_\_\_\_\_ My Church \_\_\_\_\_

\_\_\_\_\_ A Funeral Home, specifically \_\_\_\_\_

\_\_\_\_\_ Graveside, specifically \_\_\_\_\_

### 2. I wish to have:

\_\_\_\_\_ Cremation \_\_\_\_\_ Conventional burial

\_\_\_\_\_ A service at which my casket is present. \_\_\_\_\_ A pall may be used on the casket.

\_\_\_\_\_ A memorial service without casket or ashes present.

### 3. Visitation for family and friends:

\_\_\_\_\_ Visitation at the Church \_\_\_\_\_ Visitation at the Funeral Home

\_\_\_\_\_ No visitation \_\_\_\_\_ Other \_\_\_\_\_

### 4. Concerning the service, my preferences:

*(These are noted in my file at First Presbyterian Church of Jefferson City, MO)*

Pastor (Pastor at Church) \_\_\_\_\_

Scripture \_\_\_\_\_

Hymns & Music \_\_\_\_\_

\_\_\_\_\_

Organist \_\_\_\_\_ Soloist \_\_\_\_\_

Pallbearers 1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Honorary Pallbearers \_\_\_\_\_ Yes \_\_\_\_\_ No

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**5. Notice of my death should be published in:**

Name of paper(s) \_\_\_\_\_

**6. Memorial Gifts and Flowers**

\_\_\_ I prefer that there be: \_\_\_\_\_ Flowers \_\_\_\_\_ No Flowers

\_\_\_ I prefer that there be donations in lieu of flowers to:

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

**7. Burial or Interment**

\_\_\_\_\_ Buried in the ground \_\_\_\_\_ Entombed in a mausoleum

Cemetery located at \_\_\_\_\_

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

Military Honors \_\_\_\_\_

Branch of the Military \_\_\_\_\_

Dates of Service \_\_\_\_\_

The lot certificate/information may be found in \_\_\_\_\_

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

I wish to have a memorial marker for the grave made of \_\_\_\_\_

With this inscription \_\_\_\_\_

**8. Living Will/Health Directive**

\_\_\_\_\_ I have signed and completed a living will/health directive which is on file with:

\_\_\_\_\_ My doctor      Name \_\_\_\_\_

\_\_\_\_\_ Hospital      Name & Location \_\_\_\_\_

\_\_\_\_\_ My Church      Name of Church \_\_\_\_\_

\_\_\_\_\_ My Attorney      Name \_\_\_\_\_

**9. Power of Attorney**

\_\_\_\_\_ I have signed a Power of Attorney

It may be found \_\_\_\_\_

\_\_\_\_\_ I have not signed a Power of Attorney

**10. Wills and Living Trusts**

\_\_\_\_\_ I have made out a will

\_\_\_\_\_ I have not made out a will

\_\_\_\_\_ I have made out a living trust

\_\_\_\_\_ I have not made out a living trust

It may be found \_\_\_\_\_

My executor is \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## OBITUARY NOTES

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Name \_\_\_\_\_

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

### **Family**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Spouse \_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

Grandchildren \_\_\_\_\_

\_\_\_\_\_

Great-Grandchildren \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

### **Church (or Churches)**

Name \_\_\_\_\_ Dates \_\_\_\_\_

Offices or Activities \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

Offices or Activities \_\_\_\_\_

Name \_\_\_\_\_ Dates \_\_\_\_\_

Offices or Activities \_\_\_\_\_

### **Education**

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate Classes \_\_\_\_\_

Doctorate Program \_\_\_\_\_

### **Employment**

\_\_\_\_\_

**Activities** (Charities, Music, Military Service, Clubs and/or Honorary Societies, other)

\_\_\_\_\_