

# FUNERAL PLANNING WORKSHEET

Please supply as much information as you wish to share.

Guide for the Christian Funeral of \_\_\_\_\_

(full name: first middle (maiden) last)

Date(s) completed/ revised \_\_\_\_\_

*This worksheet may be used by a bereaved family in the midst of funeral planning; or by individuals anticipating an impending death; or to express one's personal wishes for your own funeral. This worksheet may be revised at any time.*

## TO EXPRESS WISHES FOR YOUR FUNERAL

*You may choose to file this worksheet with the church. This information will be kept in a confidential file available to the pastors*

*Also, after you complete the worksheet consider telling someone you trust about it. You may wish to discuss what you have written to be certain that it is clear. Consider providing copies for: 1. your family; 2. to file with your will; 3. your funeral home. Or simply give them a note that says, "As we have discussed, I have recorded my desires regarding my death and burial. I keep this information in the following place: \_\_\_\_\_ (perhaps: on file at the church; with my will) At the time of my death, I ask that you use this formation to the extent possible. With gratitude," Then sign, date, and send the note.*

I understand that the information and instructions provided here are for the guidance of my church, my family, and my friends I making the arrangements necessary at the time of my death. This document is not legally binding or enforceable. This information is being left for safekeeping. I understand that this worksheet does not make the church obligated or responsible for the execution of these instructions.

\_\_\_\_\_ signature \_\_\_\_\_ date

### Type of Worship Service

- \_\_\_\_\_ Funeral with coffin/urn present
- \_\_\_\_\_ Memorial service without remains
- \_\_\_\_\_ Graveside service only

Witness by \_\_\_\_\_ date \_\_\_\_\_

## Care of the Body

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\_\_\_ Donate organs (Complete other documents.)

\_\_\_ as transplants

\_\_\_ for research

\_\_\_ Donate body for research (with ashes returned) (Complete other documents)

\_\_\_ Autopsy

\_\_\_ none unless legally required

\_\_\_ if it will benefit medical research

\_\_\_ decision to be made by \_\_\_\_\_

\_\_\_ Embalm body (usually required if unrefrigerated over 24 hours before burial)

\_\_\_ Cremate body

\_\_\_ after visitation or service

\_\_\_ before visitation or service

\_\_\_ Bury body

\_\_\_ Other: \_\_\_\_\_

*(might include: burial at sea, ashes spread, above ground interment, etc.)*

## Expressions of Sympathy

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\_\_\_ Flowers

\_\_\_ Live plants

\_\_\_ Other: \_\_\_\_\_

## Memorials

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Memorial gifts might be used to further support these ministries and organizations:

\_\_\_ Church foundation or endowment fund

\_\_\_ Church memorial fund

specifically in the area of: \_\_\_\_\_

*(might include: capital improvements; cooperative church-wide ministries; education; fine arts; furniture; general equipment; library; music; scholarships and camperships; transportation; worship resources; youth ministry)*

\_\_\_ Other: \_\_\_\_\_

## Funeral Home

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Preferred company: \_\_\_\_\_  
(contact person, phone number)

Have pre-arrangements been made?

- yes  
 no

Type/cost of coffin/urn \_\_\_\_\_

Type/cost of grave liner/vault \_\_\_\_\_

Attire for burial/cremation \_\_\_\_\_

Jewelry or glasses \_\_\_\_\_

- remove for family  
 remove and donate  
 bury with body

Include in coffin/urn \_\_\_\_\_

*(Specific arrangements in advance at the funeral home of your choice are encouraged.)*

## Visitation

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Visitation (at a time place different from the funeral service)

- no  
 yes

Visitation location

*(A reduction in funeral home charges may apply if no funeral home facilities are used.  
 Consider the church as the location for all events.)*

- funeral home  
 church  
 home

Visitation time

- evening before funeral  
 day of funeral

## Funeral Service

### Location

- church
- funeral home
- cemetery chapel
- cemetery (no funeral, a graveside service only)
- other: \_\_\_\_\_

### Time

- morning
- afternoon
- evening

### Remains present

- yes
- no (a memorial service)

### Holy Communion celebrated (in church)

- yes
- no

### On/near the casket/urn

- funeral pall (baptismal symbol)
- coffin spray (flowers)
- Bible or other symbol of faith: \_\_\_\_\_
- photograph
- cross
- flag (but not used inside the sanctuary during the service)

*(The funeral pall will always be used to cover the casket during the worship service unless expressly declined.)  
 (In this case consider a bouquet of flowers from the family or a smaller coffin spray.)*

Favorite Biblical theme or image \_\_\_\_\_

### Biblical readings

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

*(might include: favorites, baptismal or confirmation.)*

### Congregational hymns

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

Other music or non-biblical readings

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Prayers

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Participants

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Memories and tributes given by

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Pall bearers (select 6)

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Honorary pall bearers

*usher society; circle members; CLCW; choir members, ministry team, etc.*

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Service folder cover (printed on parchment-colored paper)

- Biblical or seasonal image (wheat, butterfly, cross, etc...)
- line drawing of the church

Eligibility for military honors or death benefits

- yes
- no

Other notes

*(A complete liturgy may be prepared and attached.)*

## Lunch

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Meal following the service for mutual conversation and consolation

yes

no

Location

church

other \_\_\_\_\_

Menu

coffee and dessert

cold sandwich buffet

buffet lunch (summer or winter)

appetizer and dessert buffet

other \_\_\_\_\_

## Biography / Obituary

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On a separate document, record events, things, people, accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc. as possible. List full name, birth name, parents, date and location of birth, baptism, confirmation, marriages, brothers and sisters, spouse(s), children, ministry in daily life, volunteer activities, military service, memberships, etc. This information does not need to be prepared in paragraph form. Include a photograph for publication.

## Cemetery

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I have made arrangements for my burial.

Name of cemetery \_\_\_\_\_

Location of cemetery \_\_\_\_\_

Contact person, phone \_\_\_\_\_

Name of lot or crypt holder \_\_\_\_\_

Easement or deed number \_\_\_\_\_

Legal description of graves or crypts as shown on easement or deed \_\_\_\_\_

I am a lot holder and have made arrangements with the cemetery to assign graves to specific individuals. These arrangements are:

grave number	assigned to	relationship

\_\_\_\_\_ I do not have arrangements for my burial. I suggest the following arrangements.

\_\_\_\_\_

\_\_\_\_\_ I have arrangements for a memorial marker with the following company:  
*(name, address, phone, contact person)*

\_\_\_\_\_

The arrangements are:

\_\_\_\_\_

\_\_\_\_\_ I do not have arrangements for a memorial marker. I would prefer the following (check first with the cemetery for specific regulations): You may wish to suggest a particular symbol or text.

\_\_\_\_\_

### Legalities

Identify location and date of will; and other legal documents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth date \_\_\_\_\_

Place of birth \_\_\_\_\_

Next of kin \_\_\_\_\_

Baptism date \_\_\_\_\_

Place of baptism \_\_\_\_\_

Marital status \_\_\_\_\_

Marriages/divorces/ spouse(s) \_\_\_\_\_

Social Security number \_\_\_\_\_

Attorney/will preparer \_\_\_\_\_

Insurance companies/agents \_\_\_\_\_

Bank accounts \_\_\_\_\_

Pension accounts \_\_\_\_\_

Property & real estate \_\_\_\_\_

Other \_\_\_\_\_

Power of attorney \_\_\_\_\_

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

*(include phone numbers of individuals; indicate if you have not prepared a will)*

### Additional Comments

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Who is in charge of service after your passing do they have a copy of your wishes. \_\_\_\_\_

order of service in church

greeting,

opening prayer

obituary

hymn

scripture, sermon

remembrances by the family

prayer of thanksgiving and petition

closing service

grave side service

scripture sentences

hymn?

prayer

Committal

blessing

Are funds set aside for burial, insurance policy, or other arrangement .

## OBITUARY GUIDELINES AND SUGGESTIONS

The following headings are meant as a general guide. Make sure that you have considered everything that is usually covered, then select what you would like to include, and also decide what order you would like to use.

- NAME / ANNOUNCEMENT
  - Full name of the deceased, including nickname, if any
  - Age at death
  - Residence (for example, the name of the city) at death
  - Day and date of death (remember to include the year)
  - Place of death
  - Cause of death
- LIFE
  - Date of birth
  - Place of birth
  - Names of parents
  - Childhood: siblings, stories, schools, friends
  - Marriage(s): date of, place, name of spouse
  - Education: school, college, university and other
  - Designations, awards, and other recognition
  - Employment: jobs, activities, stories, colleagues, satisfactions, promotions, union activities, frustrations
  - Military service
  - Places of residence
  - Hobbies, sports, interests, activities, and other enjoyment
  - Charitable, religious, fraternal, political, and other affiliations; positions held
  - Achievements
  - Disappointments
  - Unusual attributes, humor, other stories
- FAMILY
  - Survived by (and place of residence):
    - ★ Spouse

Do you desire graveside services?  Yes  No  Family only

What cemetery do you prefer?  Any  This one: \_\_\_\_\_

What are your preferences for any reception following the service?  None  At church

Other: \_\_\_\_\_

Will you want any other organization to participate in the service?  Military Honor Guard  Professional Organization

Other: \_\_\_\_\_

Do you have any donation / memorial desires and instructions?  None  Yes: \_\_\_\_\_

If applicable, do you have pall bearers in mind?  No  Yes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a plot or niche?  No  Yes: \_\_\_\_\_

The Christian faith offers to all the gift and promise of eternal life with God. Such life is possible for us when we live by faith in Jesus — the One who lived, died and rose again for us.

## OPTION 2

[Full name], [age], passed away on [day, month, year] at [his/her home, name of hospital, other location] in [city, state]. [He/she] was born on [month, day, year] in [city, state] to [father first name] and [mother first name] ([mother maiden name]) [parent's last name].

[First name] grew up in [city, state]. [He/she] graduated from [name of high school] in [city, state] in [grad year]. After high school he/she (*include all that apply*):

- attended [college/university/trade school] at [name of school] in [city, state] where [he/she] received a [degree/diploma/certificate] in [achievement].
- joined the [branch of military] in [year] and served for [#] years. [He/she] served in [war, etc.] and was the recipient of [medals, awards, etc.]. [He/she] was [discharged, retired, etc.] in [year], achieving the rank of [rank].
- began work for [company name] as a [occupation] where [he/she] worked for [#] years. (*include as many jobs as you like*) [He/she] retired in [year] after [#] years.

[First name] married [spouse's name] in [year] in [city, state]. They were happily married for [#] years. [First name] was a member of [fraternity/sorority, church, charity, etc.]. [He/she] enjoyed [list hobbies and interests]. [He/she] also received [awards and accomplishments].

[First name] was preceded in death by [his/her] [names of parents, siblings, children, etc.].

[First name] is survived by [his/her] spouse [first name] of [city, state]; [his/her] [sons/daughters] [first name of child, child's spouse name in parenthesis, last name] of [child's city, state]; [his/her] [brothers/sisters] [first name of sibling, sibling's spouse name in parenthesis, last name] of [sibling's city, state]; [his/her] grandchildren [grandchild's name]; [his/her] great-grandchildren [great-grandchild's name]; and [his/her] nieces and nephews and other relatives.

A memorial service will be held at [funeral home name] [address] at [time, date]. A visitation will be held at [chapel or funeral home name] [address] at [time, date]. The family will be greeting friends and relatives at [time, date]. Burial will follow at [name of cemetery].

In lieu of flowers the family requests memorial donations be made to [organization name, mailing address]. Condolences may be left on [full name's] online guest book at [website URL].

## OBITUARY TEMPLATES

**INSTRUCTIONS:** Replace the fields in RED below with the appropriate information. Follow this template to write a properly structured obituary. For more templates and sample obituaries, visit <http://resources.yourtribute.com/>

### OPTION 1

[Full name (including any nicknames)], [age of the deceased], of [city and state where they passed away], passed away on [date of death], [cause of death (*optional*)].

The funeral service will be held at [time and date of funeral] at [place of funeral]. [Name of minister] of [name of church] will be officiating. Visitation will be held at [time and date of wake] at [name of church or funeral home]. Burial will follow the funeral at [name of cemetery] at [time of burial]. Funeral arrangements are being handled by [name of funeral home].

[First name] was born in [place of birth] on [date of birth]. [He or she] graduated from [name of high school] and continued on to receive a [type of degree] from [name of school].

[First name] was married to [spouse's name] on [wedding date]; they were married [number of years].

[First name] worked as a [type of job] for [name of company] for [number of years worked]. [He or she] enjoyed [hobbies and interests]. [He or she] was also actively involved in [any charities or organizations].

[First name] is survived by [spouse, grandchildren, parents, brothers and sisters, children, nieces and nephews], and other family and friends.

[First name] is preceded in death by [names of family that passed away before].

In lieu of flowers memorial donations may be given to [name and location to send donations]. The family of [full name] wishes to thank [names of any significant organizations].