

INFORMATION FORM FOR PLANNING A FUNERAL OR MEMORIAL SERVICE

This information can aid the family members and the pastor in making plans in the case of an emergency, illness, or death. You are encouraged to have a copy filed at the church and keep a copy for your records. This information helps family members take into consideration their loved ones wishes when planning a funeral or memorial service.

Please Print or Type

Name: _____
First Middle Maiden Last

Address: _____

Telephone: _____ Date of Birth: _____

Birthplace: _____

Occupation: _____

Spouse's Name: _____

Marriage Date: _____ Is Spouse Living Deceased

Name(s) of Child(ren): _____

Father's Name: _____

Mother's Name: _____

Sibling(s): _____

In an emergency or death, please notify: _____

Relation _____ Telephone _____

My physician is _____ Telephone _____

My attorney is _____ Telephone _____

I have a Will: Yes No

I am an organ donor: Yes No

I have a Living Will: Yes No

I have a Durable Power of Attorney: Yes No

I have a Durable Power of Attorney for Healthcare: Yes No

Insurance papers and other valuable papers are located at _____

If Veteran: Rank _____ Date of Service _____

Military Honors _____

(over)

Memorial services at New Providence are ordinarily conducted in the Sanctuary without the body present. At your request, the cremains may be present or if the casket is present it can be covered with the Christian pall. Graveside services are held at the cemetery either prior to or following the funeral or memorial service.

If possible, I would like the services to be conducted by _____

I would like these Scripture passages read: _____

I would like these hymns sung: _____

My preference for funeral home: _____

Interment will be at: _____

Special instructions / information (location of plot, disposition of ashes, etc.):

Please check below any preferences you have:

- Cremation as soon as possible
- Embalming
- No Embalming
- Memorial service at the church (no body present)
- Funeral service at the church (body present)
- Memorial service at the funeral home (no body present)
- Service at the funeral home (body present)
- I wish my body to be viewed
- I do not wish my body to be viewed
- Prefer flowers
- Prefer no flowers
- Other: _____

I would like memorial gifts to go to New Providence or to the following organizations:

Please attach a description of your hobbies, work, special interests, church activities and other information to assist the pastor in preparing the service.

Date _____ Signature _____