

**OUR WITNESS TO THE RESURRECTION**  
**Planning Form for a Christian Funeral or Memorial Service**

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
Other: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In emergency or death, please notify:

1) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Funeral Director Preferred: \_\_\_\_\_

“Prearrangements” have been made  yes  no

Copy of the contract can be found \_\_\_\_\_

I wish a viewing  I do not wish a viewing

As the final disposition of my body, I prefer (please circle one of the following):

I prefer: (burial) (entombment) (interment of ashes) (scattering of ashes) (donation for medical research)

I desire donation of my body to: \_\_\_\_\_

The type and quality of casket shall be:

Simple, fabric covered wood  Simple, natural wood  Metal

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

Church memorial, foundation or charity to which family and friends may contribute in lieu of flowers:

\_\_\_\_\_

I desire /  I do not desire (check one) a lodge or organization to conduct a special service.

This service is to be held at another place and time than my Christian Memorial or Funeral Service.

I prefer interment, entombment or cremation to occur:  Before the Service  After the Service

My choice of cemetery is: \_\_\_\_\_

Lot is owned in the name of: \_\_\_\_\_

Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Location of deed: \_\_\_\_\_

*(See other side)*

The type of service will be:

- Memorial Service at the Church (casket not present)
- Funeral Service at the Church (casket present)
- Funeral Service at the Mortuary
- Memorial Service at the Mortuary
- Private Burial Service (sometimes called "graveside service") followed by a Memorial Service
- Private Burial Service only

I would like the following hymns to be considered for my Memorial/Funeral Service:

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As my friends and family recall God's faithfulness in my life, I want them to reflect on the following Bible passages which have been important to me:

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Other special information or requests: \_\_\_\_\_

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#### PERSONAL DATA

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

Single    Married    Widowed    Divorced

Name of Father: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Spouse:	_____	_____	_____

Children: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Occupation (or retired from): \_\_\_\_\_

Employed by: \_\_\_\_\_

My will and other documents can be found: \_\_\_\_\_

(Optional) I have included First Church of Christ in my will:    Yes    No

Although not meant to be a legal document, I hereby authorize First Church of Christ in Wethersfield to use this information in order to assist my family and the clergy in the making funeral/memorial arrangements in the event of my death. (Copy:    at home    at church)

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

**First Church of Christ • 250 Main Street • Wethersfield, Connecticut 06109 • 860-529-1575**