

FUNERAL PLANNING

**(When completed, please return this form to: Westminster Presbyterian Church,
533 S. Walnut St., Springfield, IL 62704)**

*The information given below indicates my desires regarding the
arrangements for my funeral.*

Date _____ Signature _____

NAME _____
 First Full Middle Name Last

ADDRESS _____ Phone _____

Names and addresses of family members who are to receive copies of the service
plans: _____

SERVICE PLANS

Type of service (see description of service options) _____

Funeral establishment preferred _____

Crematory preferred, if cremation is desired _____

GENERAL NOTES

1. Instructions on place, type, and time of religious service:

2. Preference of "visitation" and/or "viewing":

3. Preference regarding flowers and memorial gifts:

4. Special request for the service:

5. Scripture readings requested (see attached list):

6. Hymns and/or special music to be used (see attached list):

7. Disposition of ashes following cremation:

8. General statements regarding financial arrangements for funeral costs:

9. Statements regarding donated organs:

10. Please send me information concerning the following:
____Preparation of a will ____Including your church in your will
____Living will ____Power of attorney for health care
____Organ donation ____Liturgical resources for funeral services
____Westminster Memorial Garden