Toronto United Mennonite Church

Facing Death planning form

This record, once completed and signed, will be kept at the church office in a file entitled "Funeral Plans." You may change or discard it at any time by contacting the pastor directly and stating your wishes. We recommend you also keep a current copy of this form with your important papers and share it with another family member. Attach additional sheets if necessary.

Biographical Information

Name		
Address		
Telephone		
Birth Date	Birthplace	
	(Complete where applicable)	
Date of Baptism	Church Membersh	ip
Spouse's full name—		
Date and place of mar	rriage	
Widowed	Divorced Date	
Family contact (other t	than spouse or children) and phone:	
Children: Name	Address	Telephone

Arrangements or commitments for body/organ donation:

Other persons/organizations to be notified at death (former employers, special friends or relatives):

Newspapers to be notified: _____

Funeral arrangements

1. (circle one) I have / have not made pre-arrangements with a **funeral home**.

Funeral home preference _____

2. I prefer to be:

Embalmed and buried in	cemetery

Location _____

(circle one) I have / have not made pre-arrangements with the cemetery

Cremated, ashes scattered, ashes buried, ashes returned to family

Other notes regarding ashes: _____

- 3. I prefer to have visitation:
 - at: _____the church, _____the funeral home
 - with an: ____open casket, _____closed casket, _____ no casket

Other casket preferences/notes: _____

4. The location I prefer for my funeral/memorial service is:

- 5. I prefer to have a:
 - _____ funeral (body is present at the service. A short graveside service and burial follow.)
 - ____ memorial service (this public service is preceded by a short family prayer service, grave side service and burial.)
- 6. ____I want a funeral at minimal cost.
 - _____I leave the financial arrangements to my survivors' discretion.
- 7. These scriptures and writings have been meaningful to me:

- 8. These hymns and songs are some of my favorites:
- 9. I would like, if possible, for the following persons to assist in the service:
- 10. I suggest memorial gifts be designated for:

- 11. I prefer a service, which (check all that apply):
 - ____ Deals openly with the feelings of loss and hurt
 - Encourages and comforts loved ones left behind
 - Affirms faith in God, who raises the dead
 - Celebrates my life as God's good gift, with praise & thanks to God.
 - ____ Other
- 12. Other preferences or requests at the time of my funeral/memorial service. (Ideas or expressions to be included in the service, hobbies/interests to be represented, flowers for service, clothing/jewelry/mementos for burial, etc.):

13. Highlights from my life story (include separate sheet).

Date completed _____ Signed _____