

YOUR WISHES AT THE TIME OF YOUR DEATH

This information is intended as a guide to the pastoral staff and/or your family in making appropriate arrangements **although it is not binding**. For items requiring additional space, provide as attachments.

General Information

First Name: _____ Middle: _____ Last Name: _____
Street Address _____ Telephone _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of birth _____
Marital status _____ Spouse's name _____
Mother's name _____ Her place of birth _____
Father's name _____ His place of birth _____

Primary Persons to be notified at time of death:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Content for Obituary (you might want to attach a draft)

How do you want to be remembered? Items to consider:

- Military history, honors (someone will need your veteran's number and discharge info if you want recognition in your funeral and/or burial)
- Education, where and what years, degree(s)
- Awards, honors
- Important publications or other noteworthy accomplishments
- Work history, where and when
- Important or special organization memberships
- Volunteer activities
- Community memberships
- Special interests and/or hobbies for which the person will be especially remembered
- Survivors: immediate family, children, other relations, special friends
- Family members and/or special friends who predeceased the person
- Where memorial contributions/donations may be made (list address especially if not local)

Instruction for memorial/funeral service

Funeral home in charge of arrangements: _____
Funeral (body present) _____ Memorial (body not present) _____
Location of service _____
Pastor preferred _____
Other speakers or leaders _____

Others who might be involved as ushers, pallbearers, readers, or greeters

Favorite scriptures, poems, or other readings that might be read:

Favorite music including hymns:

Other special items to include _____

If you have written a personal statement concerning your life, your faith, your values, is it attached? _____, or located where? _____

Instructions for graveside ceremony (if applicable)

Special suggestions for graveside service, if any: _____

Preference for flowers and memorials gifts

What flowers would you like? _____

Memorial gifts given to _____

Other suggestions/comments

Instructions for burial, cremation, organ donation

For burial:

Arrangements have been made at _____

Arrangements should be made at _____

Place of burial _____ Lot number _____

Wishes for headstone _____

For cremation:

To be done at _____

Ashes are to be _____

Body to be donated to medical school _____

Organs of body to be donated to living recipients _____

Other Final Wishes documents you should consider and determine your preferences include: Wills, Powers of Attorney, and Living Wills.

Signature and Date

Signed _____ Date _____

Consider sending/giving a copy of this form to: your next of kin, Community United Church of Christ, 814 Dixie Trail, Raleigh, NC 27607, your executor. **Do not keep this document in your safety deposit box.** To carry out your wishes after your death, someone else needs to know what your preferences are.