

MEMORIAL SERVICE ADVANCE PLANNING WORKSHEET

Immanuel Presbyterian Church • 9252 E. 22nd Street • Tucson, AZ 85710 • 520-296-2253

This form may be downloaded at immanuelpc.org and filled out at your convenience. Please print clearly to assure correct spelling.

This worksheet is designed to assist you in planning your own memorial service or funeral. It is a tool for describing the spiritual legacy you would like to leave those who will gather to remember you after you have died. Because your plans and circumstances may change, please review and revise this worksheet periodically. Whenever you revise this plan, please make sure to file copies with

- The church office
- Your preferred funeral home, if determined
- Your next of kin
- Anyone else who should have this information.

Date this plan was completed: _____

Full name (first, middle, last): _____

Mailing address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Date of birth: _____ Place of birth (City, State): _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name of mortuary: _____

What is your preference for disposition of your remains? _____

Name of cemetery or memorial garden: _____

Dates and locations where you were baptized and confirmed:

Spouse's name(s): _____

Date(s) and location(s) of marriage: _____

Names of parents, including mother's maiden name:

Whom do you regard as your next of kin? (The main person to contact regarding your wishes). Please give complete name[s] and contact information.

Family members: *(In naming siblings, children, grand-children and great-grandchildren please note those who are deceased. You are welcome to include the names of the spouses of these family members.)*

Names (and city/state) of siblings: _____

Names of grandchildren: _____

Names of great-grandchildren: _____

Names of other survivors: *(May include great-great-grandchildren, nieces, nephews, and others you would want named in your obituary.)*

Do you wish to have a ____ memorial service (following cremation, burial, or other mode of disposition of your remains) or a ____ funeral (with body present)?

Do you wish to have your service ____ at Immanuel or ____ at another location, e.g., in another church or state? (please list) _____

Name of pastor requested: _____

What scripture readings would you like to have read at your service? _____

What congregational hymns would you like sung during your service?

Which family members will participate in the service (reading scripture, speaking, etc)?

What wishes, if any, do you have for a reception or lunch following your service at church?

Dessert reception Light Lunch Catered Meal

Provided by family No reception at church

Please attach a sheet(s) describing

- Information to be included in your obituary (education, training, occupation, hobbies, interests, passions, etc)
- A list of ways you have served here at Immanuel or in other churches during your life.
- Your preferences regarding flowers, memorial gift designation(s), etc.
- Any other information you think would be helpful to your survivors
- Consider where, if appropriate, Memorial Gifts (see page 10 of the Memorial Service Guidelines) are to be sent, and include addresses when possible.

Signature

Date