



Faith Lutheran Church Memorial & Funeral Planning

10395 University Ave - Clive, IA - 50325
515.225.8334 www.faihlc.org

NAME _____

Please use a separate form for each individual.

The person named below has consented to help in making arrangements after my death and to comply with my wishes. *(This person is usually a relative or a close and trusted friend, perhaps your Executor).*

Name _____
Address _____
Relationship _____

I have made arrangements with the following cremation society or funeral home:

Name _____
Address _____
Website _____

This information has been recorded to provide my survivors with a guide for attending to the necessary details and arrangements at the time of my death. It is my intent to update this form at each important change that occurs and to review it annually. I have set forth my personal preferences regarding the disposition of my body and the religious service in the belief that this will be helpful to those who make the arrangements. It is possible, however, that circumstances unforeseen by me may dictate some variation from my expressed wishes, and, recognizing that after my death, what happens is for the benefit of my survivors, I want them to know that they have my blessing in using their own good judgment. This information is confidential.

Date compiled _____ Signature _____

Date revised _____ Signature _____

Date revised _____ Signature _____

TYPES OF SERVICE

To assist those responsible for making arrangements, I make the following suggestions:

I prefer the disposition of my body by:

- Burial
- Cremation
- Green burial (eco-friendly)
- Organ or Anatomical donation (ending in cremation)

I prefer my final resting place be:

- At a cemetery
Location: _____
- A scattering of my cremated body
Location: _____
- An urn in a niche in a columbarium
Location: _____
- Keepsake jewelry, such as cremation jewelry and given to family/friends.
- Organ donation or anatomical donation

I prefer to have a *(check all that apply)*

- Funeral with a casket/urn present and with graveside committal after
- Funeral with committal as part of it
- Memorial service (body not present) with private disposition of body/cremains before
- Memorial service with private disposition of body/cremains after
- Service at Faith Lutheran Church
- Service at the Funeral Home
- A private service (non-publicized)
- Other _____

I prefer

- A visitation at the Funeral Home
- A visitation at Faith Lutheran
- A closed (as opposed to open) casket

I make the following suggestions for the worship service:

Music

- Organ
- Piano
- Other: _____
- Any special request for musician(s): _____

TYPES OF SERVICE *(continued)*

Scripture Readings:

- Old Testament: _____
- Psalm: _____
- New Testament: _____
- Gospel: _____
- Other: _____

Hymns:

- Entrance Hymn: _____
- Hymn after Sermon: _____
- Closing Hymn: _____
- Other: _____

Solos:

- Selection: _____
- Selection: _____
- Preferred Soloist Name(s):

Will Holy Communion be celebrated?

- Yes
- No

Will there be reflection shared on behalf of the family?

- Yes: Who? _____
- No

Will there be a remembrance video for the visitation and/or day of funeral service?

- Yes
- No

Will there be any recorded music or videos played during the worship service?

- Yes. What? _____
- No

Will there be live stream provided for the worship service?

- Yes
- No

TYPES OF SERVICE *(continued)*

I prefer

- A luncheon or reception following the service
- No luncheon or reception

I prefer the luncheon or reception to be

- catered by an outside group or restaurant
- provided by Faith Lutheran

Pallbearers

If required or desired, I would suggest that the following be asked to serve as pallbearers:

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

Name _____ Phone _____

Address _____ Email _____

TYPES OF SERVICE *(continued)*

Memorial

I suggest my friends and family send memorials to the following:

I prefer donations be given to *(check any that apply)*

- Faith Lutheran Church Memorial Fund
- Faith Lutheran Church Endowment Fund
- Family
- Other Organizations

Name _____ Phone _____
Address _____ Email _____

Name _____ Phone _____
Address _____ Email _____

Name _____ Phone _____
Address _____ Email _____

Vital Statistics

Full Name _____
First Middle (Maiden) Last

Address _____
Street City, State Zip

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Date of Confirmation _____

Marital Status: Never Married Partnered Separated Divorced Widowed
(Circle one)

Father _____
First Middle Last

Mother _____
First Middle (Maiden) Last

Military Service

Serial Number _____

Branch of Service _____ Rank _____ Date Enlisted _____

Wartime Service: Yes / No. If yes, which wars? _____

Date Discharged: _____. Honorable discharge: Yes / No

FAMILY DATA

Full Name of Spouse/Partner _____
First Middle (Maiden) Last

Date of Marriage _____ Place of Marriage _____

Children by this marriage

List name of each child, name of spouse/partner if married, and name(s) of their children if any.

Previously married? Yes / No If yes, terminated by: Death Divorce

Date of Termination _____ Name of former partner _____

Children by previous marriage

List name of each child, name of spouse/partner if married, and name(s) of their children if any.

FAMILY DATA *(continued)*

Siblings

EDUCATION, EMPLOYMENT, COMMUNITY INVOLVEMENT

High School Attended _____

City, State _____ Year Graduated _____

Post-Secondary Education

Institution Attended	Degree Earned	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OCCUPATION

Employer	City/State	Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION, EMPLOYMENT, COMMUNITY INVOLVEMENT *(continued)*

Public Office, Fraternal Organizations, Clubs, Community Involvement, Etc.

Institution/Organization	Position Held	Years
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Honors, Achievements, Awards

Institution/Organization	Position Held	Years
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Other Information

Tell about your life. List items like interests, hobbies, sports, favorite sayings or thoughts from poetry and literature, anecdotes and events that had special meaning for you, etc. Don't be bashful. It will be a big help to your loved ones.

Assist Your Loved Ones

- Collect important documents and notify your next of kin about where they are held.
- Store a copy of your last will and testament, marriage and birth certificates, veteran's discharge papers, military service records, life and health insurance policies, social security information, and other estate planning documents where your next of kin can easily find them.
- Write your own obituary or gather important biographical information for your obituary.
- Keep a copy of your funeral plans on file with a funeral provider and church and notify at least two other emergency contacts of where your funeral will be held and where your final wishes are recorded.
- Think about the distribution of your possessions. Where and what possessions do you wish to pass on? Which possessions do you not have an opinion on? Write them down, share your wishes with your loved ones, or have your loved ones share with you what possessions they would treasure.

If you wish for a copy to be held on file at Faith Lutheran Church, please send this form or bring it to the church office. We will make a copy and return the original to you.