FUNERAL PLANNING WORKSHEET

Please supply as much information as you wish to share.

Guide for the Christian Funeral of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[full name: first middle (maiden) last]

Date(s)completed/revised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This worksheet may be used by a bereaved family in the midst of funeral planning; or by individuals anticipating an impending death; or to express one’s personal wishes for your own funeral. This worksheet may be revised at any time.

In the event of a death, call the church before making any arrangements. Call the office directly at 210-651-9090.

*You may choose to file this worksheet with the church. This information will be kept in a confidential file available to the pastor of Triumphant Lutheran Church. Also, after you complete the worksheet consider telling someone you trust about it. You may wish to discuss what you have written to be certain that it is clear. Consider providing copies for: 1. your family; 2. to file with your will; 3. your funeral home. Or simply give them a note that says, “As we have discussed, I have recorded my desires regarding my death and burial. I keep this information in the following place: \_\_\_\_\_\_\_\_\_\_\_\_\_ (perhaps: on file at the church; with my will)*

TYPE OF WORSHIP SERVICE

\_\_\_\_\_\_ Funeral with coffin/urn present

\_\_\_\_\_\_ Memorial service without remains

\_\_\_\_\_\_ Graveside service only

CARE OF THE BODY

\_\_\_\_\_\_ Burial of Body

\_\_\_\_\_\_ Cremation of Body

\_\_\_\_\_\_ after visitation or worship

\_\_\_\_\_\_ before visitation or worship

Preferred Funeral Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have pre-arrangements been made? \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

VISITATION

Visitation Location: \_\_\_\_\_\_ funeral home \_\_\_\_\_\_ church \_\_\_\_\_\_ home

Visitation time: \_\_\_\_\_\_ evening before funeral \_\_\_\_\_\_ day of funeral

FUNERAL SERVICE

Location: \_\_\_\_\_\_ church \_\_\_\_\_\_ funeral home \_\_\_\_\_\_ graveside service

Time: \_\_\_\_\_\_ morning \_\_\_\_\_\_ afternoon \_\_\_\_\_\_ evening

Remains present: \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

Holy Communion Celebrated (in church) \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

Favorite Biblical theme or image:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Biblical Readings (can choose as many as 4)

Old Testament \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Testament \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gospel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graveside \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregational Hymns (can choose 0-4)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CEMETERY

Are you a veteran or interested in being buried at a Veterans’ Cemetery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be buried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Already made arrangements: \_\_\_\_\_\_ yes \_\_\_\_\_\_ no

Pallbearers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGALITIES

Birth date and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptism date, church, and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of kin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriages/divorces/ spouse(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Important Documents and Advisors*  
*It is important that survivors be able to locate vital records and important documents. Before your death you should have a current will/living trust and related health care directives which express your wishes on important personal, financial, medical and charitable issues for your survivors.*

Location and date of will/living trust \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney/will preparer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Power of attorney/person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executor of estate/person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL COMMENTS

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