

BETHESDA PRESBYTERIAN CHURCH
Aberdeen, North Carolina

This is a record of information and my personal wishes in the event of my death. It is intended to assist those responsible for my funeral arrangements.

Date Completed: _____

A. PERSONAL INFORMATION

1. Name _____
 First Middle Maiden Last

Address _____

Telephone # _____

2. Members of immediate surviving family

a. Name _____ Relationship _____
 Address _____ Telephone # _____

b. Name _____ Relationship _____
 Address _____ Telephone # _____

c. Name _____ Relationship _____
 Address _____ Telephone # _____

d. Name _____ Relationship _____
 Address _____ Telephone # _____

3. Preceded in death by:

a. Name _____ Relationship _____
 Address _____ Telephone # _____

b. Name _____ Relationship _____
 Address _____ Telephone # _____

c. Name _____ Relationship _____
 Address _____ Telephone # _____

4. I would like the following persons to be notified also:

a. Name _____ Relationship _____
 Address _____ Telephone # _____

b. Name _____ Relationship _____
Address _____ Telephone # _____

c. Name _____ Relationship _____
Address _____ Telephone # _____

5. I have made out a will, dated _____, and located _____
_____. My attorney is _____.

6. My family physician is _____ and should be contacted for preference regarding the use of my body for medical research and/or organ donations.

7. In the case of terminal illness, I request that I be allowed to die without extraordinary measures being taken to keep my body functioning:
Yes _____ No _____

8. I have completed the necessary information about a "living will" and a copy is with my physician. Yes _____ No _____

B. MY WISHES REGARDING A MEMORIAL SERVICE

1. I wish to have the service held:
 a. At Bethesda Presbyterian Church
 b. At _____ funeral home.
 c. At my home
 d. Other _____

2. I wish to have the following clergy member/members preside at the service:
 a. The current pastor/pastors at the time of my death
 b. The current pastor assisted by _____
 c. Other _____

3. I wish to have:
 a. A service with my casket present
 b. Service followed by separate interment service
 c. An interment service only – graveside service
 d. A memorial service after () private interment or () cremation

4. These are suggestions of material which I consider appropriate for my service.
a. Scripture passages

b. Special prayers, poems

c. Music, suggested hymns

- d. Pall-bearers
- e. Biographical statement (attach if necessary)
- f. Other considerations

C. INFORMATION FOR YOUR FUNERAL DIRECTOR

Funeral prearrangement with a funeral director of your choice is a sensible thing to consider. It may or may not involve pre-payment as you desire. The advantages are as follows:

FOR YOU

You select what you desire.
You decide in the comfort of
 your own home.
You aren't rushed.
You can save money.
You'll have peace of mind.

FOR YOUR FAMILY

They know it's what you wanted.
They'll have more time for family and friends.

They won't need to make hasty decisions.
They will thank you.

() I have made pre-arrangements with _____ Funeral Home.

If you have NOT made pre-arrangements with a funeral home, you should complete the rest of this form.

Date of birth _____ Place of birth _____

Usual occupation (do not use retired) _____

Husband/Wife's name _____
(wife should list maiden name)

Father's name _____

Mother's name _____
(Maiden)

Cemetery _____ City/County _____ State _____

Lot # _____

Fraternal service desired _____

Veteran () Yes () No Branch _____ Served from _____ to _____

Discharge Claim # _____ Government Marker () Yes () No

Local Obituary () Yes () No Years lived in area _____

Out of town papers to be notified: Name _____
Address _____

I () do wish () do not wish to have visitation hours

I wish to be cremated () Yes () No

I wish my ashes to be placed/given to _____

I prefer that there be flowers () Yes () No

In lieu of flowers, I request that donations/memorials be made to _____

Casket price range () Low () Medium () High

Wood
Metal (gaskets or no gaskets)
Vault

Signature _____ Date _____

Signature of Witness _____

Address _____

DISTRIBUTION:

1. Retain one copy, informing the person you want to be responsible for arrangements where it is kept. Do not place in safe deposit box, because it may not be readily available at the time of death.
2. A copy should be given to the person you want to be responsible for arrangements.
3. A copy will be on file at Bethesda Presbyterian Church, Aberdeen, North Carolina. This copy will be in a CONFIDENTIAL FILE in the church office and may be revised or removed at any time.