

# PRE-PLANNING A SERVICE OF WITNESS TO THE RESURRECTION

Please keep the original of this form in a safe place (but not in your safety-deposit box). Return a copy to the church to be stored in a fire-proofed safe. The instructions contained on these sheets are not legally binding, and may be altered at your request. Please notify the church if you make any changes.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SIGNATURE OF PERSON PROVIDING INFORMATION \_\_\_\_\_

DATE THE FORM IS COMPLETED \_\_\_\_\_

## I. Person or persons recommended as a "trusted friend of the family" who may be called on for objective counseling

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## II. Disposition of the body (please check the appropriate box)

Burial     Cremation     Body donated to a medical school

## III. Wishes regarding the service

A. Have you planned your own funeral or memorial service?     Yes     No

*If yes, please attach a copy to this form, indicate where it might be found, and note the funeral home you have chosen.  
If you would like to include obituary information in the church file, please attach a copy also.*

B. Wishes regarding visitation with your family (please check appropriate box)

Church Parlor or Fellowship Hall \_\_\_\_\_

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

Private Home \_\_\_\_\_

No Visitation Desired \_\_\_\_\_

C. Type of service desired: (please check appropriate box)

Funeral (the body is present) \_\_\_\_\_

Memorial Service (the body is not present) \_\_\_\_\_

Graveside Service Only \_\_\_\_\_

D. Wishes regarding the place of the service (please check appropriate box)

Idlewild Sanctuary \_\_\_\_\_

Idlewild Chapel \_\_\_\_\_

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

Home \_\_\_\_\_

Other \_\_\_\_\_

**E. Music Requests**

- 1. Prelude \_\_\_\_\_
- 2. Postlude \_\_\_\_\_
- 3. Hymns \_\_\_\_\_
- 4. Other \_\_\_\_\_

**F. Scripture Requests** *(see suggested readings)* \_\_\_\_\_  
\_\_\_\_\_

**G. Indicate any wishes regarding pallbearers** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Wishes regarding flowers** *(please check appropriate box)*

- Give to shut-ins \_\_\_\_\_
- Place on grave \_\_\_\_\_
- Memorial contribution instead of flowers  
*If yes, designate for which of the following funds?*
  - General memorial fund \_\_\_\_\_
  - Specific memorial funds *(music, grounds, children, outreach, etc.)* \_\_\_\_\_  
\_\_\_\_\_
  - Other *(please specify)* \_\_\_\_\_  
\_\_\_\_\_

**I. Place of burial** *(please check appropriate box)*

- Private burial plot located at \_\_\_\_\_  
\_\_\_\_\_
- Idlewild Columbarium \_\_\_\_\_

