



MEMORIAL SERVICE PLANNING GUIDE

The occasion of the death of a Christian is a time of sorrow for the family, because they have lost the ongoing fellowship of a loved one. But for the person who has left the earth to be reunited with his/her heavenly Father and the Lord Jesus Christ, it is a time of triumph over the frailties and afflictions of earthly life, and of claiming the promises of the Christian Faith.

For the family it is a time to welcome the comfort of God through worship, prayer, music and the Word of God. It is a time to turn to our faith and receive the strength it offers. It is a time to bear witness to our faith and the promises it holds for us both in this life and in the next. It is a time to proclaim the resurrection of our Lord, and to claim the same eternal Glory for the one who has gone to be with Him.

The Pastors of Highland Park Presbyterian Church offer this guide to you to help you in planning for your own memorial service or that of a member of your family. It provides the opportunity to make known to other family members and to your Pastor your wishes concerning that important service of witness to the Resurrection of Jesus Christ.

If you need help to complete this guide, please contact the Congregational Care Department. After you have completed the guide, you may keep it in a secure place, give it to someone who will be responsible for making the arrangements described herein or file it with your Pastor.



MEMORIAL SERVICE PLANNING GUIDE

PERSONAL INFORMATION

Name (as you want it on the bulletin) _____

Nickname (by which family/friends call you) _____

Date of Birth _____ Where Born _____

Marital Status _____ If Married, Date of Marriage _____

Name of Spouse _____

People to Notify as Soon After My Death as Possible:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's Full Name _____

Mother's Full Name _____

Education (Institutions & Degrees) _____

Vocation _____

Main Firm or Business _____

Your Position _____

How Many Years? _____ Active or Retired? _____

Other Business or Professional Engagements _____



PERSONAL INFORMATION, cont.

Military Record _____

Immediate Family (with Addresses)

Member of HPPC? Yes _____ How Long? _____ No _____

If "No" Where Is Your Membership? _____

Involvement In Church (officer: class; choir; etc.) _____

Community Service Involvement _____

Most Important Life Achievements _____

Honors/Awards Received _____



Highland Park

PRESBYTERIAN CHURCH

PERSONAL INFORMATION, cont.

Professional/Fraternal Memberships _____

Social Memberships _____

Activities That Gave Your Life Special Meaning _____

Treasured Memories You Want Shared With Others _____

Hobbies and Special Interests _____

My Attorney _____ Phone _____

Address _____

My Will is Located (Where?) _____

Who Has Access? _____

Contact Them At _____



PLANNING THE SERVICE

Arrangements

Who will Coordinate Arrangements on Behalf of the Family?

Telephone Day _____ Telephone Night _____

Email _____

I Already Have a Prearranged Funeral Agreement: Yes _____ No _____

Where? _____

For those who wish to donate their organs for transplant or wish to donate their bodies for research:

I have legal documents for donating my organs for transplant or by body for research

Where? _____

Who has Access? _____

Contact Them at _____

If Remains are to be Buried, Where? _____

Mortuary Preference? _____

If Remains are to be Cremated?

What Mortuary, Crematorium? _____

Where Will Remains be Deposited?

HPPC Columbarium? Yes _____ No _____

Other Location? _____



PLANNING THE SERVICE, cont.

The Service

Type of Service

Do You want a Funeral Service (Casket Present)? _____

Do You want a Memorial Service (Casket Not Present)? _____

Where Will the Service Be Held?

HPPC Sanctuary _____ Wynne Chapel _____

Mortuary Chapel _____

Graveside Only _____

HPPC Columbarium Site _____

Other _____

Scripture Preferences

Old Testament Lessons (Suggest 1-3 Passages) _____

New Testament Lessons (Suggest 1-3 Passages) _____

Music Preferences

Congregational hymns (if any)? _____

Solos (in any)? _____

Preferred soloist (if any)? _____

Do You Want the Chancel Choir to Sing? (If So, What Anthems/Songs)?



PLANNING THE SERVICE, cont.

Poems or Readings You Desire to Have Used (Please Attach Copies)

Pastor You Want to Officiate _____

Alternate Suggestion _____

Do You Want a Family Member or Friend to Offer “Personal Remembrances?”

(Limit to Two Persons; Limit Each to Five Minutes)

Name _____

Telephone Day _____ Telephone Night _____

Email _____

Name _____

Telephone Day _____ Telephone Night _____

Email _____

Do You Want the Service Audio Taped? Yes _____ No _____

Do You Want the Service Video Taped? Yes _____ No _____

Digital, audio and video taping can be made available upon request; contact the Congregational Care office for pricing.

Special Groups to Be Seated in Sanctuary or Chapel as Honored Guests



PLANNING THE SERVICE, cont.

Family Members Who Are HPPC Members (For “In Sympathy” Announcements)

Memorial Preferences (Include Addresses)

Name and Address of Next of Kin (For Memorial Acknowledgments)

My Insurance Policies are Located

Where? _____

Who has access? _____

Contact them at _____

Other Information and Instructions
