

Funeral/Memorial Plan of: _____

Address: _____

Phone: _____

◆
Service Details

Clergy preference: (1) _____ (2) _____

Funeral Director preference: _____

Service to be held at: Church _____

Funeral Home _____

I prefer: Internment Entombment Cremation

Medical Science (which school, etc.) _____

I prefer Internment,
Entombment, Cremation
to occur: before the service after the service

My choice of cemetery _____

Lot is owned in the name of: _____

Section _____ Lot _____ Block _____

Location of Deed: _____

Music suggestions: _____

Scripture suggestions: _____

Memorial request: _____

Have you included the church in your Will? Yes No

Have you prepared an obituary? If so, attach a copy to this document. Yes No

Do you desire to have information concerning including the church in your Will? Yes No

Vital Statistics and Historical Record

Name _____

Birth date _____

Birthplace _____

Social Security _____

Occupation _____

Employed by _____

Marital status Single Married Widowed Divorced

Spouse of _____

In city since _____

Name of Father _____

Address _____

Phone _____

Birthplace _____

Mother Maiden name _____

Address _____

Phone _____

Birthplace _____

Children _____

I hereby authorize Westminster Presbyterian Church to place this information in my personal file in order to assist my family and the clergy in making Funeral/Memorial arrangements in the event of my death.

Signature _____

Date _____