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| <p>For the SPLENDORs Of LIFE We thank thee LORD</p> | <p>For thy RISING in SPLENDOR We praise thee</p> |
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My Funeral and Burial Wishes

Your Name

Trinity Lutheran Church
Moorhead, MN
My Funeral and Burial Wishes

To you whom I love:

In the spirit of the risen Lord and with the sure and certain hope of the fullness of life after death, it is my wish to spare you as much anxiety, expense and inconvenience as I can. These requests will help you carry out my wishes at the time of my death and are meant to be a reassurance to you in time of grief.

My signature below indicates my request that these wishes be faithfully implemented by my family and friends, as best they can:

Full Name:_____

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Address:_____

Signature:_____ Date:_____

When this booklet has been completed, please make copies for those who will be handling your funeral arrangements and have the original placed in your permanent file at the church office. You will note that each booklet is for one person's wishes only, married couples will each need to fill one out.

If you are interested in donating all or some of your bodily organs, please make that known when you renew your driver's license so that it can be stamped "Donor." If you are interested in preparing a "Living Will," you should make those arrangements. Inform others such as family members, hospitals, physicians, clergy, etc., of your wishes. After your death, it may be too late to carry out your wishes if these people have not already been informed of your intent to have your organs donated.

I request and authorize the following person(s) to see that the directives noted in this booklet are followed as fully as possible, and make additional necessary decisions concerning my funeral and burial service.

Kindly notify these persons as soon as possible at the time of my death.

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

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| Name | Address | Phone |
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| Name | Address | Phone |
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| Name | Address | Phone |
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Name Address Phone

My signed and executed last will and testament is located at:

A copy of my living will/health care declaration may be found at:

Social Security Number_____

Veterans Records_____

Identification Number_____

VA Office to notify_____

Location of discharge papers_____

Pension benefits from employer - who should be notified?

Insurance Policies

Individual Retirement Accounts, Keogh Plans, etc. with the following institutions:

Safe Deposit Box_____

Key location:_____

Bank Books and certificates_____

I have money deposits at the following places:

Personal Property insurance_____

Automobile insurance_____

Extra key for car located_____

Other important documents_____

To administer my estate I have appointed:_____

My attorney is_____

In case my spouse and I should die at the same time, _____ of _____ has/have consented to act as Guardians of our minor children.

I would like obituaries sent to the following publications:

Names of your parents:

Your birth date_____

Your birthplace_____

Names, addresses, relationship and phone numbers of relatives to be noted in obituary: (use additional paper if needed)

Other important dates (i.e. marriage, graduation):_____

Education:_____

Information about employment:_____

Organizations, churches, special interests, honors and/or awards:

Making a last will and testament is one of your biggest responsibilities. If you die intestate, without a will, you may cause several difficult legal problems, additional expenses, and prolonged disputes between family members. Also, your property will be distributed to those relatives and in those proportions designated by the State.

My Funeral Service

The funeral home I request is _____

Type of casket _____

I desire the use of a pall on my casket (white cloth covering for the coffin)_____

I request a religious funeral service_____

Church_____ City_____

With afternoon _____ and/or evening _____ reviewal

Service to be conducted by_____

Suggestions for organ music_____

Suggestions for hymns_____

Names of musicians_____

Scripture passages to be read_____

Prose/poetry_____

Names of readers_____

Favorite prayers to be offered_____

Active Pallbearers _____

Honorary Pallbearers _____

My body should be buried in _____ Cemetery

I have a burial lot _____ Number _____ Location _____

Grave Marker _____

Memorial gifts can be sent to _____

Additional directives for my funeral and burial _____

I request only a memorial service _____

At _____

I request only a graveside service _____

Please describe _____

I wish my body to be cremated _____

The ashes to be present at the funeral service _____

In conclusion:

Everyone should fill out their own funeral booklet, including each spouse of a married couple. Please return the original to the church to be filed in your permanent file. It would be a good idea to have copies of the booklet made for those who will be planning your funeral. Send each person a copy or discuss it with them so they are aware that it exists, prior to your death. The name and address of the church is _____.

Dear Lord,

Do you want me to think of dying? I think you do. But you have told us not be troubled, because you have gone on to prepare a room for us, and will come to get us when our time has come. Help me to think of death not so much as the end, but as the beginning of a wonderful life with you and with dear friends who already are with you. Amen.

Dr. Alvin Rogness

Additional notes or instructions to my loved ones: