

WITNESS TO THE RESURRECTION

Planning a Funeral, Memorial Service, or Committal Service

Advance Planning for End-of-Life Services

(The church will keep this information if you like. It may be revised at any time)

Name: _____

Date: _____

My end-of-life important documents are located: _____

The funeral home I've chosen is: _____

Type of Service desired: Funeral Memorial Graveside only

I wish the service to be held at: _____

I wish my body be: buried cremated given to medical research

Wishes regarding participants in service:

Pallbearers: _____

Readers: _____

Remembrances: _____

Selected Scriptures: _____

Selected Hymns: _____

Special Music: _____

Additional Information: _____
