

**Reformation Lutheran Church, Media
Funeral Worship Planning Worksheet**

Contact information

Full Legal Name: _____

How I want to be referred to during the service: _____

Date of Birth: _____

Email: _____

Phone Number: _____

Primary Family Contact Information

Name: _____

Relation: _____

Email: _____

Phone Number: _____

The purpose of this form is to help you inform your family and congregation of your wishes (if any) for the worship service. Completing this form is an act of faith and witness to the resurrection promise.

Please leave BLANK any sections you do not wish to share. The church will keep these completed forms in a secure location until the time when they are needed. You can update or change your wishes at any time by contacting the church office or completing a new form.

Please speak with a pastor at any time regarding any questions or concerns you have.

PRE-ARRANGEMENTS

- I have pre-arrangements with: _____
- I do not have pre-arrangements but would like my family to use

- I have a will.

PLACE AND MANNER OF BURIAL

- I own a plot at _____
- I do not own a grave but would prefer burial at _____
- I have no preference about the place of burial
- I prefer that my body be buried in the ground
- I prefer that my body be entombed in a mausoleum
- I prefer that my body be cremated and that the remains be interred in the following
manner and place: _____
- I have no preference about burial or cremation.

LOCATION OF SERVICE

- I prefer the service be held at Reformation Lutheran Church.
- I prefer the service be held at a Funeral Home
- I prefer the service be held at another location: _____
- I have no preference regarding the location of the service.

HOLY COMMUNION

- I prefer that Holy Communion be celebrated at the service.
- I prefer that Holy Communion not be celebrated at the service.
- I have no preference regarding the celebration of Holy Communion.

SCRIPTURE

- My favorite or preferred Bible reading(s) for the service are:

- I have no preference regarding scripture readings read at the service.

MUSIC

- I would like the service to include the following hymn(s):

- I have no preference regarding hymns sung at the service.

REMEMBRANCES

- I would like remembrances to be included and given by the following person(s):

- I have no preference regarding remembrances included in the service.

LUNCHEON

- I would like my family and friends to have a luncheon following the service, if possible at:

- I have no preferences regarding a luncheon.

MEMORIAL GIFTS

- I prefer that any memorial gifts be given to:

- I have no preferences about the designation of memorial gifts.

FLOWERS

- I prefer flowers to be purchased for my funeral service. If possible from (specify):

- I have no preferences regarding flowers.

PARTICIPATING ORGANIZATIONS

I prefer that, if possible, the following military, fraternal, or service organization provide their customary services at the time of my funeral:

I prefer that there be no services by any military, fraternal, or service organization.

I have no preference regarding services by military, fraternal, or service organization.

ADDITIONAL REQUESTS AND PREFERENCES:

DISCLAIMER

I understand that the information and instructions provided here are for the guidance of my church, my family, and my friends in making arrangements necessary at the time of my death. Although this information is being left for safekeeping, it is not legally binding or enforceable. I understand that this worksheet does not make the church obligated or responsible for the execution of these instructions.

Signature

Date

Print name: _____

Make copies of this document, keep one with your important papers, and give copies to:

- the church
- the Funeral Director (if you have selected one)
- your family

For Church Office Use Only	Date Received	Initial
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