

FUNERAL PLANNING WORKSHEET

Please supply as much information as you wish to share.

Guide for the Christian Funeral of _____
(full name: first middle (maiden) last)

Date(s) completed/ revised _____

This worksheet may be used by a bereaved family in the midst of funeral planning; or by individuals anticipating an impending death; or to express one's personal wishes for your own funeral. This worksheet may be revised at any time.

TO PLAN THE FUNERAL OF ANOTHER

In the event of a death, call the church before making any arrangements. Call the office directly at 612.870-4416 during working hours or dial the pastors' emergency on-call care extension at the same number if it is after hours.

TO EXPRESS WISHES FOR YOUR FUNERAL

You may choose to file this worksheet with the church. This information will be kept in a confidential file available to the pastors of Central Lutheran Church.

Also, after you complete the worksheet consider telling someone you trust about it. You may wish to discuss what you have written to be certain that it is clear. Consider providing copies for: 1. your family; 2. to file with your will; 3. your funeral home. Or simply give them a note that says, "As we have discussed, I have recorded my desires regarding my death and burial. I keep this information in the following place: _____ (perhaps: on file at the church; with my will) At the time of my death, I ask that you use this formation to the extent possible. With gratitude," Then sign, date, and send the note.

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

signature

date

Type of Worship Service

- _____ Funeral with coffin/urn present
 _____ Memorial service without remains
 _____ Graveside service only

CENTRAL LUTHERAN CHURCH

*in the heart of the city, welcomes all people
 to celebrate, discover and share the love of Christ*
 333 South Twelfth Street • Minneapolis, MN 55404
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Care of the Body

- Donate organs (Complete other documents.)
 as transplants
 for research
- Donate body for research (with ashes returned) (*Complete other documents*)
- Autopsy
 none unless legally required
 if it will benefit medical research
 decision to be made by _____
- Embalm body (usually required if unrefrigerated over 24 hours before burial)
- Cremate body
 after visitation or service
 before visitation or service
- Bury body
- Other: _____
(might include: burial at sea, ashes spread, above ground interment, etc.)

Expressions of Sympathy

- Flowers
- Live plants
- Other: _____

Memorials

Memorial gifts might be used to further support these ministries and organizations:

- Church foundation or endowment fund
- Church memorial fund
 specifically in the area of: _____
(might include: capital improvements; cooperative church-wide ministries; education; fine arts; furniture; general equipment; library; music; scholarships and camperships; transportation; worship resources; youth ministry)
- Other: _____

Funeral Home

Preferred company: _____
(contact person, phone number)

Have pre-arrangements been made?

yes

no

Type/cost of coffin/urn _____

Type/cost of grave liner/vault _____

Attire for burial/cremation _____

Jewelry or glasses _____

remove for family

remove and donate

bury with body

Include in coffin/urn _____

(Specific arrangements in advance at the funeral home of your choice are encouraged.)

Visitation

Visitation (at a time place different from the funeral service)

no

yes

Visitation location

(A reduction in funeral home charges may apply if no funeral home facilities are used.

Consider the church as the location for all events.)

funeral home

church

home

Visitation time

evening before funeral

day of funeral

Funeral Service

Location

- church
 funeral home
 cemetery chapel
 cemetery (no funeral, a graveside service only)
 other: _____

Time

- morning
 afternoon
 evening

Remains present

- yes
 no (a memorial service)

Holy Communion celebrated (in church)

- yes
 no

On/near the casket/urn

- funeral pall (baptismal symbol)
 coffin spray (flowers)
 Bible or other symbol of faith: _____
 photograph
 cross
 flag (but not used inside the sanctuary during the service)

(The funeral pall will always be used to cover the casket during the worship service unless expressly declined.)

(In this case consider a bouquet of flowers from the family or a smaller coffin spray.)

Favorite Biblical theme or image _____

Biblical readings

(might include: favorites, baptismal or confirmation.)

Congregational hymns

Other music or non-biblical readings

Prayers

Participants

Memories and tributes given by

Pall bearers (select 6)

Honorary pall bearers

usher society; circle members; CLCW; choir members, ministry team, etc.

Service folder cover (printed on parchment-colored paper)

- Biblical or seasonal image (wheat, butterfly, cross, etc...)
- line drawing of the church

Eligibility for military honors or death benefits

- yes
- no

Other notes

(A complete liturgy may be prepared and attached.)

Lunch

Meal following the service for mutual conversation and consolation

yes
 no

Location

church
 other _____

Menu

coffee and dessert
 cold sandwich buffet
 buffet lunch (summer or winter)
 appetizer and dessert buffet
 other _____

Biography / Obituary

On a separate document, record events, things, people, accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc. as possible. List full name, birth name, parents, date and location of birth, baptism, confirmation, marriages, brothers and sisters, spouse(s), children, ministry in daily life, volunteer activities, military service, memberships, etc. This information does not need to be prepared in paragraph form. Include a photograph for publication.

Cemetery

I have made arrangements for my burial.

Name of cemetery _____

Location of cemetery _____

Contact person, phone _____

Name of lot or crypt holder _____

Easement or deed number _____

Legal description of graves or crypts as shown on easement or deed

I am a lot holder and have made arrangements with the cemetery to assign graves to specific individuals. These arrangements are:

grave number	assigned to	relationship

_____ I do not have arrangements for my burial. I suggest the following arrangements.

_____ I have arrangements for a memorial marker with the following company:

(name, address, phone, contact person)

The arrangements are:

_____ I do not have arrangements for a memorial marker. I would prefer the following (check first with the cemetery for specific regulations): You may wish to suggest a particular symbol or text.

Legalities

Identify location and date of will; and other legal documents _____

Birth date _____

Place of birth _____

Next of kin _____

Baptism date _____

Place of baptism _____

Marital status _____

Marriages/divorces/ spouse(s) _____

Social Security number _____

Attorney/will preparer _____

Insurance companies/agents _____

Bank accounts _____

Pension accounts _____

Property & real estate _____

Other _____

Power of attorney _____

Executor of estate _____

(include phone numbers of individuals; indicate if you have not prepared a will)

Additional Comments

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