



INFORMATION & PLANNING FORM

This information can aid the family members and the pastor in making plans in the case of an emergency, illness, or death. You are encouraged to have a copy filed at the church and keep a copy for your records. This information helps family members take into consideration their loved ones wishes when planning a funeral or memorial service.

First Name:	Middle Name:	Maiden Name:	Last Name:
Full Street Address:			
Date of Birth	Marriage Date	Spousal Information () Living () Deceased	Spouse's Name
Names of Children:			
Father's Name:		Mother's Name:	
Brother(s) Sister(s) Names:			
Physician's Name:		Phone#:	
Attorney's Name:		Phone#:	
I am an Organ Donor () Yes () No			
I have a Living Will () Yes () No Location:			
I have a Durable Power of Attorney () Yes () No Location:			
I have a Durable Power of Attorney for healthcare () Yes () No Location:			
IN CASE OF EMERGENCY OR DEATH, PLEASE NOTIFY			
Name:		Relation:	
Telephone:			
I have a will () Yes () No Location:			
Insurance and other valuable papers are located at:			
If Veteran, Rank:		Serial Number	

[OVER]



I would like the services to be conducted by:

If possible. I would like these Scripture passages read:

I would like these hymns sung:

I would like (Name of Person or Group) _____ to provide special music.

My preference for funeral home is”

Please check below any preferences you have: (a funeral is when the body is present; a memorial service is when the body is not present)

Cremation as soon as possible	Funeral service at the funeral home (body present)
No Embalming	I do not wish my body to be viewed
Memorial service at the church (no body present)	Prefer flowers
Funeral service at the church (body present)	Prefer no flowers
Memorial service at the funeral home (no body present)	Embalming
	I wish my body to be viewed

Create a memorial in Broadway UMC Memorials or in the following organizations:

Send flowers after the service to:

Interment at _____ Cemetery

Special instructions/information (location of plot, disposition of ashes, etc.)

Please attach a description of your hobbies, work, special interests, church activities and other information that can enable the pastor to know your background.

Date:

Signature: _____