

Funeral or Memorial Wishes
Monte Sano United Methodist Church

Full Name: _____

Address: _____

Preferred Funeral Home: _____

Have specific arrangements been made with them? Yes No

Relatives and others who should be notified as soon as possible:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number(s)</u>

Location of the most easily accessible copy of my will: _____

Lawyer: _____

I have included Monte Sano UMC in my will yes no

Physician: _____

Medical bequest: I have indicated my desire to donate the following:

() organs (specify): _____

() body to: _____

(please attach copy of the bequest)

I prefer that my body be cremated buried

If burial, my cemetery lot is located: _____

If cremation, ashes are to be:

Visitation for family and friends: in the church at the funeral home

Funeral or Memorial Service

I prefer the service to be held: () in the church () at the graveside () at the funeral home

I would like memorial contributions to be made to:

In the service I would like these hymns sung by the congregation:

In the service, I would like special music by a soloist or choir, and prefer this song:

_____ It is special to me because:

My favorite Scripture is _____ It is special to me because _____

Suggested pall bearers: _____

Information to help the pastor prepare a homily

Born: Date/Place _____

Siblings: _____

Favorite childhood memory: _____

Significant religious experience as a young person? _____

Favorite high school Activity: _____

Education: _____ year graduated _____

Education: _____ year graduated _____

Education: _____ year graduated _____

Favorite Hobby: _____

Favorite Book or Movie: _____

Favorite Sports Team: _____

Favorite Vacation _____

Significant religious experience as an adult? _____

Volunteer Service: _____

Anything Else of Interest: _____

Additional instructions:

(You may give a copy of this information to the Church Office. Where do you plan to keep this information at home? _____)