



Westminster
Presbyterian Church

Information for Guidance at the Time of Death

(Please make copies as necessary. You may file one copy with the church.)

Identification

Full Name _____

Date of Birth _____ Place of Birth _____

Full Name of Spouse/Partner _____

Full Name(s) of Children _____

Father's Name _____ Mother's Name _____

Are you a veteran? Yes No If yes, military serial number _____

Branch of Service _____ Rank _____

Arrangements for the Service of Witness to the Resurrection

I prefer that the service be held at Westminster other _____

I prefer that my remains be:

placed in a casket and buried. Where is the burial plot? _____

Do you have a deed to the plot? Yes No Where is it kept? _____

Do you wish to be remembered at Westminster on the Memorial Wall? Yes No

I would like the following persons to serve as pallbearers or honorary pallbearers:

cremated. Where do you wish the remains to be placed? Westminster Columbarium

Other columbarium cemetery plot Other _____

If a columbarium or cemetery, do you have a deed or contract? Yes No

Where is it kept? _____

donated to science (advance arrangements are needed) Full body donation Organ donation

Please give details, including the location of documents: _____

I prefer that the following funeral home or cremation service handle the arrangements:

Have you made pre-arrangements with this firm? Yes No

Have you paid for these services in advance? Yes No

I prefer that the Committal Service at the cemetery or columbarium to be:

Private (family only) Public

I prefer that there be a time of visitation before the service. Yes No

Where would you like it held: Westminster funeral home

other location _____

Do you wish the casket to be present during the visitation? []Yes []No

If a casket is present, do you wish it to be open at the time of visitation? []Yes []No

I prefer that there be a gathering of family and friends following the service. []Yes []No

I would like this time to be a: [] light reception [] catered meal

Suggestions for the Service of Witness to the Resurrection

(See the booklet "The Service of Witness to the Resurrection" for further information.)

I would like the casket/urn containing my remains to be present at the service: []Yes []No

I would like the following scripture(s) read: _____

I would prefer that the following scripture(s) NOT be read: _____

I would like the following hymns sung: _____

I would like the following musical selections to be played or sung by a soloist: _____

I would like the following persons to participate in leading the service by giving a remembrance (aka tribute or eulogy), or reading scripture or another reading.

- Name _____ []remembrance []reading
- Name _____ []remembrance []reading
- Name _____ []remembrance []reading
- Name _____ []remembrance []reading

I would like the following reading(s) included in my service: _____

I prefer memorials to be in the form of: []Flowers []Gifts to Westminster Presbyterian Church
[]Gifts to other charities or institutions : _____

Other suggestions or requests for my service: _____

I make these suggestions in a spirit of helpfulness. I understand that it is impossible for me to anticipate accurately all the circumstances that may affect the service on the occasion of my death. Therefore, while it is my wish that the above suggestions be carried out, I understand that the preferences of my family or the practices of my church may prevail.

Signature

Date