



BEFRIENDER  
MINISTRY

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*Funeral Preparation  
&  
Personal Arrangement  
Guide*

**No one knows what your wishes are unless you make them known. That's true in life and in death. By pre-planning your funeral arrangements, you make a most difficult time a little easier for your loved ones. It is hard enough to deal with a loss without wondering if you've made the best decisions. This pre-planning guide is designed to help outline your preferences as well as organize other important information.**

*“Do you not know that all of us who have been baptized into Christ Jesus were baptized into his death? Therefore we have been buried with him by baptism into death, so that, just as Christ was raised from the dead by the glory of the Father, so we too might walk in newness of life.”*

*Romans 6:3-4*

# Personal Planning Guide

Personally prepared by: \_\_\_\_\_

Dear family and friends,

This “being prepared” booklet contains an outline of my final wishes and additional information that will be helpful in completing any necessary forms.

It is my hope that this information provides comfort and guidance with making final arrangements and, rather than be burdened with so many decisions, that you will be free to remember the happy years we shared together.

Love, \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Making pre-arrangements can vary from discussing wishes with your family and recording notes in this guide to meeting with your funeral director and choosing funeral items and services. The amount of detail that is included in your funeral pre-planning is up to you. Some people prefer to include only general things such as type of service and cemetery information. Others prefer to include background information for the obituary, service details, selection of the casket, vault or urn, and more. When making pre-arrangements it is important to do what is comfortable to you. We also encourage you to involve your family.

There are five sections to this pre-planning guide.

1. End of life wishes: living will, medical power of attorney, organ donation decision, autopsy wishes and power of attorney (non-medical).
2. Funeral service preferences
3. Vital statistics
4. Background
5. Record of important personal papers

**Important notice to the preparer of this guide:**

This booklet should be readily available to your family and friends at all times. It is strongly recommended that you notify them of the location of this book. Do not keep in a safety deposit box or with a will since it may not be found until after the services have taken place. *(This guide can be kept in a file at the church, if you wish.)*

## Funeral Service Preferences

Today there are unlimited options with planning funeral and memorial services. The services can be designed to be as special and unique as the individual. When planning services, we suggest that you use this section as a guideline for your loved ones. Since the funeral service is primarily for the benefit of the survivors, it is important to consider the needs of your family. Your family may also find healing with being involved in planning some of the details of the service.

### **Person likely to be in charge of the final arrangements:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### **Funeral home likely to be in charge of the final arrangements:**

Name of Funeral Home: \_\_\_\_\_

Phone: \_\_\_\_\_

Are advance arrangements made at funeral home? Y / N

### **VISITATION**

*(For both earth burial and cremation services)*

- I would like a visitation with public reviewal.
- I would like a visitation with no reviewal.

Visitation to be held at:

Funeral home  Church  Other location:

\_\_\_\_\_

- I prefer to have a private, family only reviewal.
- I do not want a visitation or reviewal.

# Service

*(For both earth burial and cremation services)*

Services to be held at:

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Readings:

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Songs/Hymns:

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Soloist:

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Organist/Pianist:

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Memorials to be indicated for:

\_\_\_\_\_ Our Saviour's Lutheran Church

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Other notes:

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Pallbearers/Honorary Pallbearers:

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# Disposition

- **EARTH BURIAL** (with casket)

Name of Cemetery:

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Location of Cemetery:

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Is the grave already owned? [ ] Yes [ ] No

If yes, please provide any possible details such as the section, lot number or family plot the grave is in:

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- **CREMATION**

I prefer to have my ashes:

- Buried in \_\_\_\_\_ cemetery

Cemetery Location: \_\_\_\_\_

Is the grave already owned? [ ] Yes [ ] No

If yes, please provide any possible details such as the section, lot number or family plot the grave is in: \_\_\_\_\_

- Scattered at: \_\_\_\_\_

- Other: \_\_\_\_\_

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# Vital Statistics

**Full Legal Name:**

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

**Marital Status:** [ ] Married [ ] Divorced

[ ] Widowed [ ] Never Married

Spouse's Name: \_\_\_\_\_

If wife, specify her maiden name: \_\_\_\_\_

**Current Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_



**Dates & place of baptism:** \_\_\_\_\_  
\_\_\_\_\_

**Dates & place of confirmation:** \_\_\_\_\_  
\_\_\_\_\_

**Years of Primary/Secondary Education: (0-12):** \_\_\_\_\_

**Years of College:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**U.S. Veteran:**       Yes       No

If yes, which branch of service? \_\_\_\_\_

Rank: \_\_\_\_\_

Date of entry: \_\_\_\_\_

Discharge date: \_\_\_\_\_

*(You may want to keep a copy of the discharge paper with this booklet)*

**Parent(s)' Name(s):**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Your Occupation:** \_\_\_\_\_

Which type of business or industry? \_\_\_\_\_  
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**Children and their locations of residence:**

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**Brothers and sisters and their locations of residence:**

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**Number of grandchildren:** \_\_\_\_\_

**Number of great-grandchildren:** \_\_\_\_\_

**If married, where did you get married?**

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**Marriage date:** \_\_\_\_\_

**Attend church at:** \_\_\_\_\_

**Other religious, fraternal and charitable organizations  
you belong to:**

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**Achievements:** (personal and/or professional)

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## *Background*

**Where did you grow up?**

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**What schools did you attend?**

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**Graduation date(s) & certificates/degrees earned:**

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**Hobbies:**

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**Additional Background Information**

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## Record of Important Personal Papers

**Where** to locate the following documents:

**Social Security Card/Number:** \_\_\_\_\_

**Birth Certificate:** \_\_\_\_\_

**Marriage Certificate:** \_\_\_\_\_

**Military Records & I.D. Number:** \_\_\_\_\_

**Living Will:** \_\_\_\_\_

*A “living will” will explain your medical wishes to your loved ones in case of a life-threatening crisis or chronic illness.*

**Organ Donation:** \_\_\_\_\_

*You are encouraged to consider giving a living gift by donating your body or useable organs at the time of your death. Please note that body or organ donation to a medical school or hospital requires proper legal documents signed by you.*

**Autopsy:** \_\_\_\_\_

*Families often hesitate to authorize an autopsy without knowing the wishes of their loved one. Autopsies can help to provide answers and closure for families.*

**Last Will and Testament:** \_\_\_\_\_

**Name & phone number of lawyer:** \_\_\_\_\_

**Deeds and Titles:** \_\_\_\_\_

**Auto Insurance Policy & Title:** \_\_\_\_\_

**Health Insurance Policy:** \_\_\_\_\_

**Life Insurance Policies:** \_\_\_\_\_

**Income Tax Information:** \_\_\_\_\_

**Location of Bank Accounts:** \_\_\_\_\_

**Stocks/Investments:** \_\_\_\_\_

**IRA/Pension:** \_\_\_\_\_

**Outstanding loans & credit obligations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Papers:**

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\_\_\_\_\_

**Safe Deposit Box:**                     Yes                     No

If yes, location: \_\_\_\_\_

Our Saviour's Lutheran Church

19001 Jackson St. NE.

East Bethel, MN 55011

763-434-6117