| Today's Date: |  |
|---------------|--|
|               |  |

## Funeral/Memorial Preplanning – for Yourself

| Basic Details                              |                             |                    |
|--------------------------------------------|-----------------------------|--------------------|
| Full Name:                                 |                             |                    |
| Preferred Name/Nickname:                   | Birth                       | ndate:             |
| Next of Kin:                               | Re                          | elationship:       |
| Phone:                                     | Email:                      |                    |
| Other Family:                              |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
| Service Details                            |                             |                    |
| Preferred Mortuary/Funeral Home:           |                             |                    |
| Cemetery or Other Final Resting Place:     |                             |                    |
|                                            |                             |                    |
| Preferred Type of Service:                 |                             |                    |
| (funeral means there is a casket; memorial | means no casket, although t | nere may be ashes) |
| Visitation: yes no                         | my family can dec           |                    |
| Preferred Clergy/Worship Service:          |                             |                    |
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| Favorite Scriptures (and why):             |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
|                                            |                             |                    |
| Traditional or Contemporary Music:         |                             |                    |

| Favorite Hymns or Songs:                                                                                  |  |  |  |
|-----------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                           |  |  |  |
|                                                                                                           |  |  |  |
| Favorite Poems or Quotes:                                                                                 |  |  |  |
|                                                                                                           |  |  |  |
| Organization(s) to Receive Memorial Contributions:                                                        |  |  |  |
|                                                                                                           |  |  |  |
| Pall Bearers:                                                                                             |  |  |  |
| What sort of scene is peaceful to you – general or specific?                                              |  |  |  |
| (i.e. a beach, mountains, golf course, Yellowstone Nat'l Park, Clearwater Beach, Kansas wheat field, etc) |  |  |  |
|                                                                                                           |  |  |  |
|                                                                                                           |  |  |  |
| Personal and Spiritual Details                                                                            |  |  |  |
| What is your first memory of church?                                                                      |  |  |  |
| What church(es) has/have been most foundational in your life?                                             |  |  |  |
| Were you baptized? Describe that experience if you remember it:                                           |  |  |  |
|                                                                                                           |  |  |  |
| When did you attend Resurrection for the first time?                                                      |  |  |  |

| Describe that first day. What made you come back?                                                   |  |  |
|-----------------------------------------------------------------------------------------------------|--|--|
|                                                                                                     |  |  |
|                                                                                                     |  |  |
|                                                                                                     |  |  |
| Describe the connections you have made within the church. Why are they important?                   |  |  |
|                                                                                                     |  |  |
| Do you have regular/daily spiritual practices? If so, what are they?                                |  |  |
|                                                                                                     |  |  |
| What is the most important thing you have done in your life?                                        |  |  |
|                                                                                                     |  |  |
| What is your legacy?                                                                                |  |  |
|                                                                                                     |  |  |
| At the end of your life celebration, what are the most important things people will hear about you? |  |  |
|                                                                                                     |  |  |
|                                                                                                     |  |  |
| Where did you grow up?                                                                              |  |  |
|                                                                                                     |  |  |
| Fondest memories:                                                                                   |  |  |
|                                                                                                     |  |  |
|                                                                                                     |  |  |
| Did you go to college? If so, where? What did you study?                                            |  |  |
|                                                                                                     |  |  |

| What did you do in your professional life?                                                           |             |  |  |  |  |
|------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|
| Did you serve in the military? If so, which branch? What was your job? Rank? How Long did you serve? |             |  |  |  |  |
|                                                                                                      |             |  |  |  |  |
| Hobbies, favorite teams, groups you are/were a part of:                                              |             |  |  |  |  |
|                                                                                                      |             |  |  |  |  |
| Favorite color(s):                                                                                   |             |  |  |  |  |
| What other information is important for us to know about                                             | you?        |  |  |  |  |
|                                                                                                      |             |  |  |  |  |
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