

# Planning Guide for Funeral or Memorial Service

The First Presbyterian Church of Farmington

26165 Farmington Rd., Farmington Hills, MI 48334 248-474-6170

<i>(Upon completion make copies for church file, immediate family members, and place original in a location that will be easily found by your family-- not a safety deposit box.)</i>		Date Submitted	mm-dd-yyyy
GENERAL INFORMATION			
Name			
Address			
City		County	
State		Zip	
Telephone			
Date of Birth	mm-dd-yyyy	County	
Place of Birth	City & State		
Country if outside of USA			
FAMILY HISTORY			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
Spouse Name		If deceased, date of death:	
Date of Marriage	mm-dd-yyyy	Place of Marriage	(City, State)
Michigan Resident Since	year	Moved from	(City, State)
Name of Father			
Date if deceased	mm-dd-yyyy	Birthplace	(City, State)
Name of Mother	(Maiden)		
Date if deceased	mm-dd-yyyy	Birthplace	(City, State)
Children: (Provide Name, Address, Phone Number)			

**FAMILY INFORMATION continued...**

Brothers & Sisters (Name, Address, Phone Number) please note if deceased

**VETERAN'S INFORMATION: (if applicable)**

Name of War		Branch of Service	
Place Inducted		Date	mm-dd-yyyy
Place Discharged		Date	mm-dd-yyyy
Rank/Rate when discharged			
Discharge Papers located	Describe location		
If in active service, flag to drape casket?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Military honors at graveside?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contact to do honors:			

**EDUCATION AND WORK HISTORY**

List name and location of institutions, dates attended and degrees obtained:

Occupation (Previous if retired)		Employer	(current or retired from )
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**PERSONAL WISHES AND DESIRES**

Locations of Service:		
Sanctuary of First Presbyterian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", Funeral Home	list name	
Other	explain	
Is there an outside (not FPCF) pastor you'd like to have involved in your service?	List name and relationship here.	
<p>Note: A pastor on staff of First Presbyterian Church officiates at all services at the church. Any pastor is ethically bound to decline a request to officiate at the service of anyone a member of a local congregation other than one that pastor serves, including services in a funeral home. However, you may indicate any other pastor you wish to have invited by the pastor of First Presbyterian Church to participate in the service, if available.)</p>		
Family or Friends you wish to make remarks or read scripture:		
List Scriptures particularly meaningful to you:		
What is(are) your favorite hymn(s) or song(s):		
Some families prefer a memorial donation instead of flowers. What is your feeling?		
Memorial Donations <input type="checkbox"/>	Flowers <input type="checkbox"/>	Both flowers and donations <input type="checkbox"/>
If Memorials, name Organization(s):		

## BURIAL ARRANGEMENTS

Burial of the body and cremation are both acceptable in the Presbyterian Church (U.S.A.)

Please indicate your preference and any arrangements you have made:

I prefer: Burial  Cremation  Funeral Home or Cremation Society  Name

Have Pre-arrangements been made? Yes  No

Cemetery or Memorial Garden

Location of deed or certificate

If burial of ashes in Cope Garden is desired, is there a FPCF of elder you wish to witness: Name

Most families prefer to have friends, neighbors or relatives serve as pall bearers. Who would you prefer?  
Pallbearers (name and phone number)

## GOOD SAMARITANS

This is where you list your closest friends in case your family needs help at the time of need by notifying friends, handling sympathetic phone calls, running errands, helping out-of-town guests...

Names  Phone Numbers

The church would welcome the opportunity to minister to your family with assistance with a catered meal or refreshments before or after the service for family and close friends.

Would you like this? Yes  No

Church group or circle to assist

Number of Guests expected for meal

I would like the meal at: The church  My home

**Signature**

For the purposes of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.

Signature

Date (mm-dd-yyyy)

**Who will speak for you if / when you can no longer speak for yourself?**

*Have you prepared a Durable Power of Attorney naming your Health Care Agent in case you are not able to make decisions yourself? You may also complete what is commonly called a "living will" to advise your Agent as to your desires regarding life support and other medical procedures. Please consult an attorney, if you have not done so already, to complete this important planning.*

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