



PLANNING GUIDE FOR MY FAMILY

Prepared by

Memorial Garden Committee

Christ Lutheran Church

510 Luther Drive

Georgetown, Texas

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“And the one who was seated on the throne said, “See, I am making all things new.” Also he said, “Write this, for these words are trustworthy and true.” Revelations 21:5 NRSV

“For I am convinced, that neither death nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor heights, nor depth, nor anything else in all creation will be able to separate us from the love of God in Christ Jesus our Lord.” Romans 8:38 NRSV

This guide will be a means to share information that will assist your family at the time of your death. It is important to share a copy with your family when you have completed this guide. Preplanning is helpful to your loved ones as they will be aware of your wishes.

It is important for family to notify the pastor and the mortuary immediately following the time of death. Both pastor and mortician will be able to assist the family with details.

This guide will provide assistance in helping to carry out the wishes of the deceased.



My Wishes

Name: _____ Nickname _____

Address _____

Birthdate ___/___/_____ Place of Birth _____

Baptism ___/___/_____ Location of Baptism _____

Confirmation ___/___/_____ Location of Confirmation _____

Do you wish the following:

Burial ___yes___no Cremation ___yes___no

Memorial service or funeral _____yes_____no

Visitation at mortuary _____yes_____no

Body to be viewed at mortuary ___yes___no –at service _____yes_____no

Officiant at service _____

Choir or soloist _____

Organist _____

Readers at service _____

Pallbearers _____

Honorary Pallbearers _____

Favorite Scriptures _____

Favorite Hymns _____

Musical Selections _____

Mortuary _____

Location _____

Type of casket _____

Clothing or Jewelry _____

Suggested Cemetery _____

Location _____

If plot has been purchased – Section _____ Lot # _____

Monument inscription _____

Are military honors appropriate _____ yes _____ no

Suggested memorial garden(for cremation) _____

Location _____

If niche has been purchased – Niche # _____

Niche inscription at Christ Lutheran is name/Birth and death dates

Wish to have body donated:

Transplant of organs – _____ yes _____ no

Medical Research – _____ yes _____ no

Any further pertinent information _____

Suggested Memorials:

Memorials or flowers – preference of family _____ yes _____ no

Memorial gifts instead of flowers _____ yes _____ no

Suggested recipients of memorials:

Name/Address _____

Name/Address _____

Name/Address _____

Thoughts I would like shared only with my family at the time of my funeral:

Thoughts I would like shared with the congregation at the time of my funeral:

Other suggestions for my funeral service:

Information For An Obituary

Full legal name _____

Address _____

Parents

Father's name _____

Father's Birthplace _____ Living – yes ___ no ___

Mother's name(including maiden name) _____

Mother's Birthplace _____ Living – yes ___ no ___

Spouse

Spouse's name(including maiden name) _____

Marital status _____ Wedding date _____ Living-yes ___ no ___

Children(name, spouse, and location)

_____ Living-yes ___ no ___

_____ Living-yes ___ no ___

_____ Living-yes ___ no ___

_____ Living-yes ___ no ___

_____ Living-yes ___ no ___

Names of grandchildren:

Names of great-grandchildren:

Brother and Sisters(name, spouse, and location)

_____	Living-yes	no
_____	Living-yes	no
_____	Living-yes	no
_____	Living-yes	no
_____	Living-yes	no

Professional history:

Volunteer services and church activities:

Hobbies and/or interests:

Helpful Information For My Family

In the event of my death, please contact:

Name _____ Relation _____ Phone No. _____

Address _____

Name _____ Relation _____ Phone No. _____

Address _____

Employer(if not retired) _____

Address & phone no. _____

Social Security No. _____ Medicare No. _____

Primary Care Physician _____ Phone No. _____

Medical Insurance _____ Phone No. _____

My will is located _____

All other legal forms are located _____

(Please note: Legal forms for state of TX related to end of life decisions(i.e. durable power of attorney, medical directive, etc. may be obtained on following web site:

http://www.dads.state.tx.us/news_info/publications/handbooks/advancedirectives.html

My attorney is _____ Phone No. _____

My financial advisor is _____ Phone No. _____

Location of all records(financial,income tax, military, property) is _____

Names of my banks/credit unions are

_____	Acct.# _____
_____	Acct# _____
_____	Acct# _____
_____	Acct# _____

Names of my insurance policies

_____	Policy# _____
_____	Policy# _____
_____	Policy# _____
_____	Policy# _____

My loans and investments

Location of house and car keys

Location of family photos, heirlooms and other irreplaceables

I have shared this guide with the following person(s)

Signed _____ **Date** _____