

All church members are encouraged to complete this form and return it to the Church Office, where it will be kept in confidence. If you wish, place the form in a sealed envelope. We also hope this form will start conversations with your family about your wishes for the end of life.



CHRISTIAN WITNESS IN THE EVENT OF PHYSICAL DEATH

Full Name: _____ Today's Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone numbers: _____

Believing as a Christian in the resurrection of the body through faith in Jesus Christ, who said, "I am the Resurrection and the Life", and believing that Christians bear witness to God in all we do, I declare the following to be my wishes to be followed in the event of my death as a living testimony to the vital Christian experience I have known, and as a living witness to the resurrection of Jesus Christ:

1. **Care of the Body** (please check all that apply)

I desire that my body be embalmed for ground burial in a cemetery:
Description of casket to be used: _____
Cemetery _____
City _____ State _____ Zip _____
Phone Number _____

I desire that my body be cremated.
Plans for cremated remains (if known) _____

If possible, I desire my body be used to further medical science:
Name of Organization: _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Other requests about autopsy, viewing, graveside, etc: _____

I have made arrangements with this Funeral Home: _____
Address _____
City _____ State _____ Zip _____

2. Service of Witness to the Resurrection

- The service should take place in the sanctuary at Southminster Presbyterian.
OR
- The service should take place at: _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
- No physical body or remains should be present at this service.
- I would like the following hymns to be sung by the congregation: _____

- I would like the following Scripture passages to be read: _____

- Other music requests: _____

- Other service requests: _____

3. Memorials

If people wish to express their sympathy through gifts, they may contribute to:

- Southminster Presbyterian Church Memorial Gifts
Is there a specific area of the church you'd like the gifts to support?
If so, please list: _____
- the following charity: _____
Address: _____
City _____ State _____ Zip _____

What are your wishes about flowers?

- I would prefer that only the family to provide an arrangement.
- I would prefer that people NOT provide flowers in my memory.
- I would prefer that people be allowed to provide flowers in my memory.
- Other requests: _____

- I have made arrangements about my Estate that involve Southminster Presbyterian Church.

Other requests about Memorial giving: _____

4. Personal Information

Date of Birth: _____ Place of Birth _____

Father's Full Name: _____

Mother's Full Name: _____

Schools Attended: _____

Spouse's Full Name: _____

Date and place of marriage: _____

Your Occupation/Career information: _____

Have you served as Elder or Deacon? _____ When? _____

Did you serve in the military? _____

Is there anything about that service you would like us to know? _____

Name, Relationship, and Contact information of Family Members:

<u>Name/Address</u>	<u>Phone Numbers</u>	<u>Relationship to you</u>
1.		
2.		
3.		
4.		
5.		

The following information will be useful to surviving family members, particularly people who live out of town, as they locate important papers for insurance, social security, tax purposes, and the like.

Social Security Number: _____

Name of your Lawyer: _____ Phone _____

Address: _____

City: _____ ST _____ Zip _____

Location of:

Will _____

Safe Deposit Box _____

Bank Accounts _____

Insurance Policies_____

Other Personal Papers_____

LIVING WILL/DURABLE POWER OF ATTORNEY

Do you have a Living Will and/or a Durable Power of Attorney for Health Care that will assist your family in making end of life decisions, should you be incapable of making them for yourself? _____

If yes, please make sure that your family and your health care provider have copies of this document. If you would like to attach a copy to this paperwork, please do.

If you have not yet filled one out, we encourage you to do so. More information and copies of the form are available in the church office or at the Idaho Attorney General's Website:

http://www2.state.id.us/ag/living_wills/index.htm

One of the most difficult questions for surviving family members to answer is how many death certificates should be obtained. A certificate will be needed for each item on which your name appears legally. You will need a death certificate for each insurance policy; one for each bank at which you have accounts; one for Social Security; and one for each institution at which you have retirement accounts. The easiest way in the State of Idaho to order death certificates is through the Funeral Home that is in charge of your arrangements.

How many death certificates do you estimate your family should obtain? _____

Believing that in life and death, we belong to God, I hereby affix my signature:

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____