

# First Congregational United Church of Christ Memorial/Funeral Preference Form

### Personal Information

Your name as you wish it to be printed in a bulletin, obituary and other locations:

\_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Nearest of kin (other than immediate family) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Home address of kin \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

### I hereby give the following instructions (Please check one)

\_\_\_\_\_ I have made arrangements with \_\_\_\_\_  
to have my body or parts thereof to be used for medical purposes. There will be no viewing.

\_\_\_\_\_ I wish cremation.

Ashes to be: Buried                      Scattered                      Placed in a Depository

Name of location \_\_\_\_\_

Address of location (when applicable) \_\_\_\_\_

\_\_\_\_\_ I wish burial in a casket.

Name of location \_\_\_\_\_

Address of location \_\_\_\_\_

### Memorial/Funeral Service Instructions

I desire that the following funeral home handle my affairs: \_\_\_\_\_

Address \_\_\_\_\_

Location of Service: Church                      Funeral Home                      Other

Name of location \_\_\_\_\_

Address of location \_\_\_\_\_

Pastor preference \_\_\_\_\_

\_\_\_\_\_ Please hold a visitation. Length of Visitation \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_ I wish my body to be viewed at visitation.

\_\_\_\_\_ I desire a reception after the service.

Place of reception \_\_\_\_\_ Number attending \_\_\_\_\_

Name and contact of caterer \_\_\_\_\_

Scripture readings \_\_\_\_\_

Confidential

Other readings \_\_\_\_\_

Preferred hymns \_\_\_\_\_

Musical selections \_\_\_\_\_

Soloist \_\_\_\_\_ (voice/instrument) \_\_\_\_\_

Organist/other musicians \_\_\_\_\_

\_\_\_\_\_ Flowers desired

Will flowers be left for the church? \_\_\_\_\_ Taken with the family? \_\_\_\_\_

Please give the flowers to \_\_\_\_\_

\_\_\_\_\_ I wish family or friends to share memories at service.

### Memorials and Gifts

Please check all that apply.

\_\_\_\_\_ I wish to direct memorials to First Congregational UCC.

\_\_\_\_\_ I wish to include First Congregational UCC in my legacy giving.

\_\_\_\_\_ I wish to direct memorials to these organizations:

Name and contact information \_\_\_\_\_

Name and contact information \_\_\_\_\_

Name and contact information \_\_\_\_\_

Do you wish to be identified as a donor or remain anonymous? \_\_\_\_\_

### Will and Power of Attorney

Do you have a will? \_\_\_\_\_ Location \_\_\_\_\_

Name and address of attorney \_\_\_\_\_

\_\_\_\_\_ I have a Power of Attorney for Health Care on file at \_\_\_\_\_

My health care agents are (name and contact information)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

It is understood that First Congregational UCC assumes no financial or legal responsibility in connection with these arrangements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Intention of Gift

Sharing your values and interests helps First Congregational UCC make considerate decisions upon the receipt of a memorial or legacy gift. Churches have diverse needs, some of which are listed below:

Maintenance and improvement of buildings and grounds, including gardens and landscaping

Staff support, education, and/or resources

Scholarships (music/trips/youth programs)

Funding for ministries:

Worship

Music

Adult education and spiritual formation

Fellowship

Spiritual care programs (Stephen Ministry, Friends in Christ, etc.)

Parish nurse and wellness programs

Library

Mission trips

Community and church service projects or support

Children and youth programs

What best fits the church's needs at the time of receipt.

Please understand that on occasion we cannot honor a specific request, but we will make a good faith effort to align our gifts with the values of the donor whenever possible.

The missions and ministries that most interest me are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a message or tribute that you would like to accompany your gift? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Follow-Up Record

Suggested Dates	Actual Date	Signature

—The Church of the Open Door—

**FIRST CONGREGATIONAL  
UNITED CHURCH OF CHRIST**

