

FUNERAL PLANNING WORKSHEET

Please supply as much information as you wish to share.

Guide for the Christian Funeral of _____

[full name: first middle (maiden) last]

Date(s) completed/ revised _____

This worksheet may be used by a bereaved family in the midst of funeral planning; or by individuals anticipating an impending death; or to express one's personal wishes for your own funeral. This worksheet may be revised at any time.

TO PLAN THE FUNERAL OF ANOTHER

In the event of a death, call the church before making any arrangements. Call the office directly at 612-870-4416 during working hours or call the pastors' emergency pastoral care number 612-870-4454 ext. 699 if it is a weekend or after office hours.

TO EXPRESS WISHES FOR YOUR FUNERAL

You may choose to file this worksheet with the church. This information will be kept in a confidential file available to the pastors of Central Lutheran Church.

Also, after you complete the worksheet consider telling someone you trust about it. You may wish to discuss what you have written to be certain that it is clear. Consider providing copies for: 1. your family; 2. to file with your will; 3. your funeral home. Or simply give them a note that says, "As we have discussed, I have recorded my desires regarding my death and burial. I keep this information in the following place: _____ (perhaps: on file at the church; with my will) At the time of my death, I ask that you use this information to the extent possible. With gratitude," Then sign, date, and send the note.

I understand that the information and instructions provided here are for the guidance of my church, my family, and my friends in making arrangements necessary at the time of my death. Although this information is being left for safekeeping, it is not legally binding or enforceable. I understand that this worksheet does not make the church obligated or responsible for the execution of these instructions.

signature

date

Type of Worship Service

_____ Funeral with coffin/urn present

_____ Memorial service without remains

_____ Graveside service only

CENTRAL LUTHERAN CHURCH

*in the heart of the city, welcomes all people
to celebrate, discover and share the love of Christ*

333 South Twelfth Street • Minneapolis, MN 55404

Office – 612-870-4416 • Infoline – 612-872-2252 • www.centralmpls.org



Funeral Home or Mortuary

Preferred company: _____
(contact person, phone number)

Have pre-arrangements been made?

_____ yes

_____ no

Type/cost of coffin/urn _____

Type/cost of grave liner/vault _____

Attire for burial/cremation _____

Jewelry or glasses _____

_____ remove for family

_____ remove and donate

_____ bury with body

Include in coffin/urn _____

(Specific arrangements in advance at the funeral home of your choice are encouraged.)

Visitation

Visitation (at a time/place different from the funeral service)

_____ no

_____ yes

Visitation location

(A reduction in funeral home charges may apply if no funeral home facilities are used.

Consider the church as the location for all events.)

_____ funeral home

_____ church

_____ home

Visitation time

_____ evening before funeral

_____ day of funeral

Funeral Service

Location

- church
 funeral home
 cemetery chapel
 cemetery (no funeral, a graveside service only)
 other: _____

Time

- morning
 afternoon
 evening

Remains present

- yes
 no (a memorial service)

Holy Communion celebrated (in church)

- yes
 no

On/near the casket/urn

- funeral pall (baptismal symbol)
 coffin spray (flowers)
 Bible or other symbol of faith: _____
 photograph
 cross
 flag (but not used inside the sanctuary during the service)

*(The funeral pall will always be used to cover the casket during the worship service unless expressly declined.)
 (In this case consider a bouquet of flowers from the family or a smaller coffin spray.)*

Favorite Biblical theme or image _____

Biblical readings

(might include: favorites, baptismal or confirmation.)

Congregational hymns

Other music or non-biblical readings

Prayers

Participants

Memories and tributes given by

Pall bearers *(select six for a service with the coffin present)*

Honorary pall bearers

usher society; circle members; CLCW; choir members, ministry team, etc.

Service folder cover (printed on parchment-colored paper)

- Biblical or seasonal image (wheat, butterfly, cross, etc...)
- line drawing of the church

Eligibility for military honors or death benefits

- yes
- no

Other notes

(A complete liturgy may be prepared and attached.)

Lunch

Meal following the service for mutual conversation and consolation

_____ yes

_____ no

Location

_____ church

_____ other _____

Menu

_____ cake and coffee

_____ sandwiches

_____ cold salad

_____ hot meal

_____ other _____

Biography / Obituary

On a separate document, record events, things, people, accomplishments, important to remember. Include as many full names, city of residence, birth and death dates, etc. as possible. List full name, birth name, parents, date and location of birth, baptism, confirmation, marriages, brothers and sisters, spouse(s), children, ministry in daily life, volunteer activities, military service, memberships, etc. This information does not need to be prepared in paragraph form. Include a photograph for publication.

Cemetery

_____ I have made arrangements for my burial.

Name of cemetery _____

Location of cemetery _____

Contact person, phone _____

Name of lot or crypt holder _____

Easement or deed number _____

Legal description of graves or crypts as shown on easement or deed _____

_____ I am a lot holder and have made arrangements with the cemetery to assign graves to specific individuals. These arrangements are:

grave number assigned to relationship _____

_____ I do not have arrangements for my burial. I suggest the following arrangements.

_____ I have arrangements for a memorial marker with the following company:

(name, address, phone, contact person)

The arrangements are:

_____ I do not have arrangements for a memorial marker. I would prefer the following (check first with the cemetery for specific regulations): You may wish to suggest a particular symbol or text.

Legalities

Birth date and location _____

Baptism date, church, and location _____

Next of kin _____

Marital status _____

Marriages/divorces/ spouse(s) _____

Important Documents and Advisors

It is important that survivors be able to locate vital records and important documents. Before your death you should have a current will/living trust and related health care directives which express your wishes on important personal, financial, medical and charitable issues for your survivors. If you need information regarding estate planning, planned giving and/or the inclusion of a Christian preamble for your will contact the Central Lutheran Church Foundation office.

Location and date of will/living trust _____

Attorney/will preparer _____

Social Security number _____

Power of attorney/person _____

Executor of estate/person _____

Guardian (if minor children) _____

Insurance companies/agents _____

Bank accounts _____

