

**FUNERAL /MEMORIAL AND RELATED ARRANGEMENTS
WHITE PLAINS PRESBYTERIAN CHURCH**

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

CLOSEST LIVING RELATIVE(S) _____

ADDRESS: _____

TELEPHONE NUMBER: _____ WORK: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER : _____

HEALTH CARE PROXY: (If applicable) _____

ADDRESS: _____

TELEPHONE NUMBER: _____ WORK: _____

YOUR CHURCH AFFILIATION: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

The following information is to be completed as a help to your family, pastor, and the funeral director. This plan is designed to assist your loved-ones at a vulnerable time in their lives to create a service, memorial, or appropriate time of remembrance which will be meaningful to them and in keeping with your memory and your faith traditions. This is a worksheet, selections and plans can be altered at any time you feel you have had a change of heart. Also, do not hesitate to consult your family and pastors for suggestions.

1. Have you chosen a funeral home/director? If so please list the name, address, and telephone number.
NAME: _____
ADDRESS: _____
TELEPHONE: _____
2. Have you contacted them to let them know of your decision to use their services?
Yes _____ or No _____
3. Do you wish the service to be at the Church-----or at the Funeral Home _____?
(A funeral/memorial service is a time for us to give glory to God for the life of a loved-one or friend who had died, and to affirm our belief in the promise of the resurrection to life eternal. It is also a time when we come together as a church family to support those among us who are grieving and in need of caring and comfort. Therefor, we strongly urge you to consider the positive implications and benefits of a worship service in your church sanctuary.)
4. If the service is to be at a church, is it other than The White Plains Presbyterian Church? Yes _____ No _____
5. If the answer to 4. is "yes", please list the church address, telephone number, and name of the pastor or priest. CHURCH: _____
CHURCH: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ PASTOR/PRIEST: _____
6. Do you have a preference of pastors? Yes _____ No _____
Name of Pastor _____
(If you wish a pastor no longer at the church to participate in a service at the church, the pastor must be invited by a pastor presently on the staff of the church.)
7. Do you wish to be Cremated _____ Interred _____ Other (Remains donated to a medical college, etc.) _____
8. If you are to be interred, do you have a cemetery chosen?
If so, please list the name and location _____
9. Do you own a burial plot? Yes _____ No _____. Does your closest relative know where to locate the necessary papers concerning this purchase? Yes _____
No _____
10. Do you have any wishes concerning your headstone?
(Size, inscription, etc.) If so, please indicate here.

11. If you wish to be cremated, please indicate any wishes concerning the disposition of your ashes. _____

(One of the options for disposition of your ashes is the Shepherd's Fold of the White Plains Presbyterian Church. If you would like information about the Shepherd's Fold, PLEASE INDICATE HERE _____.)

(If you wish to be cremated, you will need to consult your funeral director concerning state laws about a casket and the disposition of ashes.)

12. Do you have any wishes concerning a casket? If so, please indicate here. _____

13. Do you wish to have visitation prior to the service? Yes _____ No _____

14. If the answer to 13 is "yes", do you wish the visitation to be at the Church _____ or the Funeral Home _____?

15. Do you wish a Closed _____ or Open _____ casket at the visitation?

16. Is there to be a viewing separate from the visitation for the family? Yes _____ No _____

17. Is there to be grave side service in addition to the funeral/memorial service? Yes _____ No _____

18. What are your wishes concerning flowers and memorials?

Flower _____ Memorials in lieu of flowers _____ Both are acceptable

If you wish memorials, please list the charity or organization, and the address below:

ADDRESS: _____

ADDRESS: _____

(A list of possible scriptures readings and hymns are listed below; appropriate solos, preludes, and postludes may be obtained from the director of music.)

SCRIPTURE: Psalm 23, Psalm 39, Psalm 90, Psalm 121, Psalm 131, John 14, Romans 8:28-39, I Corinthians 15, I Thessalonians 4:13-18, and Revelations 21

HYMNS: "Amazing Grace," "For all The Saints", "Be Still My Soul", "Our God, Our Help, In ages Past", "The Lord's My Shepherd," "How Great Thou art."

19. The following are your wishes concerning the service itself:

A) MUSIC - Hymns _____

Solos _____

Prelude/Postlude _____

B) SCRIPTURE _____

C) OTHER
READINGS
(Poems, Prose) _____

D) PERSONAL INFORMATION YOU WOULD LIKE SHARED
(Other than that in newspaper obituary) _____

E) FAMILY MEMBERS OR FRIENDS YOU WISH TO HAVE PARTICIPATE IN
THE SERVICE (Please indicate what you wish them to do, i.e. sing, speak, read)

20. Are you a veteran? Yes _____ No _____
21. Do you belong to any organization which hold special services at such times?
(Masons, Easter Star, Etc.)? Yes _____ No _____ If so, please indicate if
you wish such services and who should be contacted.

22. The Women's Association is willing to provide a reception for you following the
service at the church where your family may receive friends. Do you wish such a
reception?
Yes _____ No _____

23. Please indicate all information you feel should be included in the newspaper obituary.

24. Do you have a will? Yes _____ No _____

25. If not, would you like help making one? Yes _____ No _____.

26. Have you included the church in you bequests? Yes _____ No _____.

27. Would you like information about how to include the church in your bequests ?
Yes _____ No _____.

28. Do you have a living will? Yes _____ No _____.

29. Do you have a health care Proxy? Yes _____ No _____.

30. Have you considered what decision you want made and who should make them if
there is a question of using heroic medical treatment? Yes _____ No _____.

If yes, please indicate who and give the telephone numbers _____

Home _____ Work _____

31. Do you know what is meant by, "living will", "health care proxy", and heroic medical
treatment"? Yes _____ No _____.

32. Would you like more information about any or all of the above? Living Will _____
Health Care Proxy _____ Heroic Treatment _____.

33. Is there any additional information you feel your family, pastor, or the funeral director
should know? If so, please indicate here. _____

One copy of this form will be placed in your family file at the church.

Two copies will be sent to you. We suggest that you retain one copy in your files and
give the other to your next of kin or the person who would be responsible for making
the arrangements in the event of your death.

We hope that you will be associated with our church for many years. However, in the
event you locate and join a different congregation, we would appreciate knowing your
wishes concerning this form.

A. Please retain the form at the Presbyterian Church of White Plains-

B. Please send a copy of this form with the letter of transfer to the pastor of the new
church.

"I KNOW THAT MY REDEEMER LIVES"

Job 19:25

