

## My Wishes Regarding My Funeral

To be completed and returned to Ascension Lutheran Church

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

2. Preferred Funeral Home \_\_\_\_\_

3. Location of Burial Plot-Cemetery \_\_\_\_\_

Section \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plot \_\_\_\_\_

4. Please check one of the following:

- It is my wish that my body be available for viewing by friends and relatives.
- It is my wish that my body be available for viewing by members of my family.
- It is my wish that my body not be available for viewing by anyone.

5. I desire to have Memorial Gifts in lieu of flowers designated to

\_\_\_\_\_

6. Please check one of the following regarding flowers at your service:

- I have no preference regarding flowers.
- I prefer simple flower arrangements.
- I wish to have no flowers.

7. Please check one of the following:

- I prefer ground burial (interment) of my body.
- I prefer entombment.
- I prefer cremation.
- I prefer that my body be donated to medical science.

My body should be shipped to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Receiving Funeral Director \_\_\_\_\_

8. If you want your body cremated, please state you preference for the disposal of your ashes.

\_\_\_\_\_

9. If you want your body buried or entombed, check one of the following:

- I prefer a service of worship with my body present, followed by interment or entombment.
- I prefer a Memorial Service following my interment.

(over)

10. If you want your body to be buried or entombed, check the preferred location for the service.

I would like a service at the church. \*

I would like a service at the funeral home.

I would like a brief service at the graveside.

11. I desire that only loved ones be present for my interment  yes  no

12. I would like the following used in the service:

I would like the following scripture: \_\_\_\_\_

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I would like the following hymns used at the service: \_\_\_\_\_

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I would like the following music in the service: \_\_\_\_\_

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13. If possible, I would like to have the choir or a soloist sing at my service.  yes  no

14. I would like to have Holy Communion celebrated at my service.  yes  no

15. Other preferences \_\_\_\_\_

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These stated preferences are given in a desire to be as helpful as possible. I understand that it is impossible for me to anticipate all the circumstances that may surround my death, so I trust my loved ones and friends who survive me to recognize my death as they deem proper.

Date \_\_\_\_\_ Signature \_\_\_\_\_

A copy of this document should be retained in your personal files. One copy should be returned to Ascension Lutheran Church.

*\* If service is held at the church, it is assumed*

*A. The pall will be used.*

*B. The congregation will join in the singing of hymns, and*

*C. The ceremonies or tributes of social or fraternal societies cannot be accommodated within the service of the Church.*