

MY FUNERAL AND BURIAL WISHES

Faith Lutheran Church
421 South Russell Street
PO Box 68
Grantsburg, WI 54840
(715) 463-5388

Email: secretary@myfaithlutheran.org

When this form is completed, please make copies for those who will be handling your funeral arrangements and have the original placed in the permanent file in the church office. FOR FAMILY INFORMATION ONLY – DO NOT RETURN TO CHURCH UNLESS YOU WANT US TO HAVE IT ON RECORD.



1. Full name: _____
Nickname: _____
2. Maiden name: _____
3. Date and place of birth: _____
4. Father's name: _____
5. Mother's first and maiden name: _____
6. Parent's address & phone number (if living): _____

7. Name & address of spouse: _____

8. Date & place of marriage: _____

9. Names & address of any previous spouses: _____

10. Names, addresses & phone numbers of children: _____

11. Names, addresses & phone numbers of siblings: _____

12. Names, addresses & phone numbers of other friends and relatives who should be notified:

13. Names & addresses of present/previous employers and occupations: _____

14. If you are a veteran,
- Date & place of enlistment: _____
 - Date & place of discharge: _____
 - Rank & service number: _____
 - Organization or outfit: _____
 - Commendations received: _____
 - Location of discharge papers: _____
 - Flag desired to drape casket: _____

15. Professional and fraternal organization memberships:

16. Education (list schools attended and dates of any degrees or honors received):

17. Names of newspapers for obituary: _____

18. Organ donation (list of authorization card and anyone who should be notified):

19. Funeral director or funeral home you prefer:

20. Clergyperson or anyone else you would like to officiate:

21. Visitation instructions:

22. Music, hymns or reading you would prefer during your service:

23. Donations you would like in your memory:

24. Names, addresses & phone numbers of casket bearers:

25. Name, address & location of cemetery property (include lot and grave number):

26. Casket and/or vault and marker preference:

27. If you wish to be cremated, include disposition preference:

28. Location of will and the name, address and phone number of the executor of your estate:

29. Attorney's name, address & phone number:

30. Location of checking accounts, checkbooks, savings accounts and passbooks:

31. Credit cards and charge accounts to be cancelled:
