



Alamance Presbyterian Church

End-of-Life Planning Questionnaire

The information on this form will be useful for those who plan the funeral or memorial service, burial/inurnment, or obituary. Please note that this is a record to convey your final wishes and is not a legal document.

By completing as much of the attached form as you are comfortable with, you will, as one Presbyterian church stated it, “have dealt with some arrangements that are usually only done under immense pressure and by persons who may or may not know all of your wishes. You will thus have the assurance that your wishes are made known and that you have taken the burden of a lot of unnecessary decision making off of the ones you love.”

You are encouraged to provide a copy of this completed form to a family member or a close friend and, the church, the funeral home if pre-selected, and an attorney if needed.

Your completed form provided to the church will be kept confidential in the church office to be used by the ministers at the appropriate time.

If your family does not know your last wishes, you may want to address these items with them.

General Information

Name: _____

Phone: _____

Address: _____

City, State ZIP: _____

Signature: _____ Date: _____



Contacts

Name(s) of preferred individual(s) to assist in planning arrangements (family, friends, pastor, funeral home, attorney, etc.):

Relationship: Pastor

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Initials: _____ Date: _____



Preferences

Farewell Services and Events

1. I prefer to have a funeral / memorial service: Yes / No .

I prefer the funeral/memorial service to take place at: _____

- Funeral Home (specify if known) _____
- Alamance Presbyterian Church
- Other: _____

2. I prefer to have a visitation the day before, at the funeral home. Yes / No .

3. I prefer to have a viewing, before the funeral service. Yes / No .

I prefer the viewing to take place at: _____

- Funeral Home (specify if known) _____
- Alamance Presbyterian Church (if funeral is also held there)
- Other: _____

4. I prefer to have a viewing, before the funeral service. Yes / No .

5. I prefer to have a committal/graveside/inurnment service: Yes / No .

6. I prefer the following minister(s) to lead the service(s):

7. I prefer the following scripture(s) to be read (list up to four):

8. I prefer the following hymns to be sung (list up to three):

Initials: _____ Date: _____



9. I would like these stories of my (the deceased's) life or faith to be shared at this service (attach separate sheets of paper as necessary):

10. Other things I would like people to know as they worship at this service (attach separate sheets of paper as necessary):

Initials: _____ Date: _____



Flowers and Memorial Gifts


- 11. I prefer for flowers to be present for my service. Yes / No .
- 12. In lieu of flowers, I would prefer memorial gifts to the following church or charitable organization(s): _____

Final disposition

- 13. I prefer to donate whatever organs may be useful to the living. Yes / No .
- 14. I prefer to donate the body for medical research. Yes / No .
- 15. I prefer to make the body to be made available for autopsy. Yes / No .
- 16. I prefer the body to be cremated. Yes / No .
- 17. I prefer the body to be buried. Yes / No .
- 18. I prefer the body to be embalmed. Yes / No .
- 19. I prefer the body or urn to be buried at the following location:

- 20. I prefer the cremated ashes to be preserved or disposed of in the following manner:

Initials: _____ Date: _____

 Alamance <small>PRESBYTERIAN CHURCH</small>	End-of-Life Planning Questionnaire	Effective Date: 26 May 2024
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Death Certificate Information

The following information is required for the death certificate. Providing it in advance can spare the family additional responsibility at the time of death.

First Middle Last Name: _____

Social Security #: _____ Date of birth: _____

Gender: _____ Race: _____

Birthplace: _____

Armed Services: _____

Marital Status (indicate one): Married / Never Married / Widowed / Divorced .

Type of work done during working life: _____

Father's name: _____

Mother's maiden name: _____

Biographical Information for the Obituary

(attach separate sheets of paper as necessary)

Feel free to make an appointment to speak with one of our ministers if you'd like assistance completing this form. Your funeral home of choice will also be able to provide you with information to be used in making final arrangements.

When this form is complete, provide copies to Alamance Presbyterian Church, to the funeral home you wish to use, and to a family member.

Our sincerest thanks to Rev. Christine Coy Fohr and First Presbyterian Church of Owensboro, KY for providing the original inspiration and model for this planning form and guide.

Initials: _____ Date: _____

End-of-Life Planning Checklist For Your Own Use

- Life and disability insurance
- Critical illness/long-term care insurance
- Health Care Directive/Living Will
- Power of attorney
- Updated will
- Executor
- Guardian for minor children
- Organ donation
- List of financial accounts
- List of internet account usernames and passwords
- Wishes for a funeral service
- Bequests and requests for charitable donations
- Wishes for interment
- Biographical information for your obituary