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 dial the pastors’ emergency on-call care extension at the same number if it is after 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 formation 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 I making the arrangements necessary at the time of my death. This document is not legally binding or enforceable. This information is being left for safekeeping. 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
612-870-4416 • www.centralmpls.org
Care of the Body

___ Donate organs (Complete other documents.)
    ___ as transplants
    ___ for research

___ Donate body for research (with ashes returned) *(Complete other documents)*

___ Autopsy
    ___ none unless legally required
    ___ if it will benefit medical research
    ___ decision to be made by ____________________________

___ Embalm body (usually required if unrefrigerated over 24 hours before burial)

___ Cremate body
    ___ after visitation or service
    ___ before visitation or service

___ Bury body

___ Other: ____________________________________________
    *(might include: burial at sea, ashes spread, above ground interment, etc.)*

Expressions of Sympathy

___ Flowers

___ Live plants

___ Other: ____________________________________________

Memorials

Memorial gifts might be used to further support these ministries and organizations:

___ Church foundation or endowment fund

___ Church memorial fund
    specifically in the area of: _____________________________
    *(might include: capital improvements; cooperative church-wide ministries; education; fine arts; furniture; general equipment; library; music; scholarships and camperships; transportation; worship resources; youth ministry)*

___ Other: ____________________________________________
Funeral Home

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 6)

________________________________
________________________________
________________________________

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**

- [ ] coffee and dessert
- [ ] cold sandwich buffet
- [ ] buffet lunch (summer or winter)
- [ ] appetizer and dessert buffet
- [ ] 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

Identify location and date of will; and other legal documents ________________________________

__________________________________________________________________________

Birth date __________________________________________________________________________

Place of birth _______________________________________________________________________

Next of kin __________________________________________________________________________

Baptism date _________________________________________________________________________

Place of baptism _____________________________________________________________________

Marital status _______________________________________________________________________

Marriages/divorces/spouse(s) ____________________________________________________________

Social Security number __________________________________________________________________

Attorney/will preparer _________________________________________________________________

Insurance companies/agents ___________________________________________________________

Bank accounts _______________________________________________________________________

Pension accounts _____________________________________________________________________

Property & real estate __________________________________________________________________

Other _______________________________________________________________________________
Power of attorney

Executor of estate

(include phone numbers of individuals; indicate if you have not prepared a will)

Additional Comments

________________________________________________________________________

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