

# **A Guide for My Christian Funeral**

Shepherd of the Bay Lutheran Church  
Ellison Bay, Wisconsin

## **About Me**

Full Name

Nickname (if any):

Date and place of birth

Date and place of baptism

Military veteran

I would like to have an honor guard present

Yes \_\_\_\_\_ No \_\_\_\_\_

I would like to have the national flag presented to my family

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Family information**

Parents' names

Siblings

Spouse/Partner's name

Children's names (including spouses/partners)

Grandchildren's names

Other significant persons

## **Obituary information**

Important dates, events, accomplishments, and so on (you may use the other side of this sheet)

## **Church information**

Name

Address

Phone number

Pastor(s)

## **Funeral Home information**

Name

Address

Phone number

Have prearrangements been made? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

Location of prearrangement documents

## **My body**

\_\_\_\_\_ Donate my organs

\_\_\_\_\_ as transplants \_\_\_\_\_ for research

Transplant and/or donor documents are complete and attached

\_\_\_\_\_ Burial

Embalming

Yes \_\_\_\_\_ No \_\_\_\_\_

Name/location of cemetery and plot number

Name of contact for green cemetery burial

\_\_\_\_\_ Cremation

What would you like to have done with the ashes?

\_\_\_\_\_ Donation of body for research

Donor documents are complete and attached

## **Visitation and Viewing**

Provide time for the viewing of the body    Yes \_\_\_\_\_    No \_\_\_\_\_

If so, your preferred location

## **Funeral Service**

Location

## **Thanksgiving/remembrance, eulogy, poem, letter**

Name of speaker or reader

## **Scripture**

First reading

Psalm

Second Reading

Gospel

Person(s) to read scripture

Say a few words about why you chose these readings (You may write more on the back of this sheet)

## **Music**

Gathering hymn

Hymn of the day

Communion hymn(s)

Sending hymn

Other preferred music (prelude, postlude, etc.)

Choir, instrumentalist, and/or soloist

Why has this music been chosen (you may write more on the back of this sheet)

## **Holy Communion**

Will be celebrated

Yes \_\_\_\_\_ No \_\_\_\_\_

Person(s) to assist in distributing communion

## **Pallbearers**

If a coffin will be present at the funeral service, provide the names of at least six people to serve as pallbearers.

## **Meal following the funeral and/or interment**

Will be provided?

Yes \_\_\_\_\_ No \_\_\_\_\_

Location?

## **Memorial gift preferences**

Use memorial gifts to further support the following ministries and organizations.

\_\_\_\_\_ Church memorial fund, specifically for:

\_\_\_\_\_ Church endowment fund

\_\_\_\_\_ Other organizations (provide the name and contact information below)

## **Intent**

Dear Family and Friends,

I have carefully considered these choices and preferences. Use them after my death to guide your decisions and to plan a Christian funeral that comforts you and proclaims the sure and certain hope of the resurrection through Christ.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please review and update this document regularly. Give copies to family members and your pastor upon completion and each time a change is made.