



# MEMORIAL & FUNERAL PLANNING

## Plymouth Congregational Church of Minneapolis

1900 Nicollet Avenue, Minneapolis, MN 55403-3789

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NAME \_\_\_\_\_

Please use a separate form for each individual.

The person named below has consented to help in making arrangements after my death and to comply with my wishes. *(This person is usually a relative or a close and trusted friend, perhaps your Executor.)*

NAME _____	PHONE _____
ADDRESS _____	
RELATIONSHIP _____	

I have made arrangements with the following cremation society or mortuary:

SOCIETY'S NAME _____	PHONE _____
MORTUARY _____	PHONE _____
ADDRESS _____	
WEBSITE _____	

*This information has been recorded to provide my survivors with a guide for attending to the necessary details and arrangements at the time of my death. It is my intent to up-date this form at each important change that occurs and to review it annually. I have set forth my personal preferences regarding the disposition of my body and the religious service in the belief that this will be helpful to those who make the arrangements. It is possible, however, that circumstances unforeseen by me may dictate some variation from my expressed wishes, and, recognizing that after my death, what happens is for the benefit of my survivors, I want them to know that they have my blessing in using their own good judgment.*

This information is confidential.

DATE COMPILED _____	SIGNATURE _____
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DATE REVISED _____	SIGNATURE _____
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DATE REVISED _____	SIGNATURE _____
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DATE REVISED _____	SIGNATURE _____
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# Type of Service

*To assist those responsible for making arrangements, I make the following suggestions:*

**I PREFER TO HAVE A**

- FUNERAL (BODY PRESENT) WITH GRAVESIDE COMMITTAL AFTER
- FUNERAL WITH COMMITTAL AS PART OF IT
- MEMORIAL SERVICE (BODY NOT PRESENT) WITH PRIVATE DISPOSITION OF BODY/CREMAINS BEFORE
- MEMORIAL SERVICE WITH PRIVATE DISPOSITION OF BODY/CREMAINS AFTER

**I PREFER TO HAVE THE SERVICE(S) AT**

- PLYMOUTH CONGREGATIONAL CHURCH SANCTUARY
- PLYMOUTH CONGREGATIONAL CHURCH CHAPEL
- FUNERAL HOME \_\_\_\_\_
- OTHER \_\_\_\_\_

**IF POSSIBLE, I WOULD PREFER THAT THE SERVICE BE CONDUCTED BY THE FOLLOWING CLERGY:**

\_\_\_\_\_

\_\_\_\_\_

**I PREFER** *(check all that apply)*

- VISITATION AT THE FUNERAL HOME
- A CLOSED (AS OPPOSED TO OPEN) CASKET
- A PRIVATE SERVICE (NON PUBLICIZED)
- A SERVICE FOR FRIENDS AND RELATIVES

**PALLBEARERS**

*If required or desired, I would suggest that the following be asked to serve as pallbearers:*

NAME	_____	RELATIONSHIP	_____	PHONE	_____
NAME	_____	RELATIONSHIP	_____	PHONE	_____
NAME	_____	RELATIONSHIP	_____	PHONE	_____
NAME	_____	RELATIONSHIP	_____	PHONE	_____
NAME	_____	RELATIONSHIP	_____	PHONE	_____
NAME	_____	RELATIONSHIP	_____	PHONE	_____

**MEMORIAL GIFTS**

*Instead of sending flowers, I suggest that my friends and family, if they wish, send memorial gifts to the following institutions/charities:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Type of Service *continued*

**DISPOSITION OF BODY**

I PREFER \_\_\_\_\_ CREMATION \_\_\_\_\_ BURIAL \_\_\_\_\_ BEQUEATHAL

**DISPOSE OF ASHES BY:**

METHOD	NAME & LOCATION
_____ URN IN NICHE IN A COLUMBARIUM	_____
_____ URN BURIAL AT A CEMETERY	_____
_____ URN ENTOMBMENT AT A MAUSOLEUM	_____
_____ SCATTER MY ASHES (WHERE PERMITTED)	_____

**I MAKE THE FOLLOWING SUGGESTIONS FOR THE SERVICE:**

**SCRIPTURE**

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**OTHER READINGS**

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**HYMNS**

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**SOLOS**

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**INSTRUMENTAL MUSIC**

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**OTHER**

(Please also list any preferences toward musicians or soloists for your memorial service.)

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# Please Help to Contact

## CLOSE FRIENDS

NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
NAME _____	PHONE _____
ADDRESS _____	EMAIL _____
NAME _____	PHONE _____
ADDRESS _____	EMAIL _____

## ORGANIZATIONS

NAME _____	PHONE _____
ADDRESS _____	
NAME _____	PHONE _____
ADDRESS _____	
NAME _____	PHONE _____
ADDRESS _____	
NAME _____	PHONE _____
ADDRESS _____	

# Vital Statistics (for Death Certificate and/or Obituary)

*Do not abbreviate. Check spelling if you are not certain. Be careful, errors or omissions may delay processing of death certificates.*

**NAME** \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

**ADDRESS** \_\_\_\_\_  
STREET CITY, STATE ZIP

**RESIDED AT THIS LOCATION SINCE (YEAR):** \_\_\_\_\_ **CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
CITY COUNTY STATE

**MARITAL STATUS:** NEVER MARRIED MARRIED PARTNERED SEPARATED DIVORCED WIDOWED REMARRIED  
(CIRCLE ONE)

**CITIZEN OF WHAT COUNTRY:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **BIRTHPLACE** \_\_\_\_\_  
FIRST MIDDLE LAST CITY COUNTY STATE

**MOTHER** \_\_\_\_\_ **BIRTHPLACE** \_\_\_\_\_  
FIRST MIDDLE MAIDEN CITY COUNTY STATE

## MILITARY SERVICE

**SERIAL NUMBER** \_\_\_\_\_

**BRANCH OF SERVICE** \_\_\_\_\_ **RANK** \_\_\_\_\_ **DATE ENLISTED** \_\_\_\_\_

**WARTIME SERVICE** YES / NO **IF YES, WHICH WARS?** \_\_\_\_\_

**DATE DISCHARGED** \_\_\_\_\_ **HONORABLE DISCHARGE** YES / NO

**LOCATION OF DISCHARGE PAPERS**

## FAMILY DATA

**FULL NAME OF SPOUSE/PARTNER** \_\_\_\_\_

**DATE OF MARRIAGE** \_\_\_\_\_ **PLACE OF MARRIAGE:** \_\_\_\_\_  
DAY MONTH YEAR PLACE CITY STATE

**CHILDREN BY THIS MARRIAGE**

*List name of each child, name of spouse/partner if married, and name(s) of their children if any (i.e., "Mary Ann and her husband, John B. Adams, and their children, Thomas Alan, Peter Scott, and Amy Beth")*

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