



Plymouth

CONGREGATIONAL CHURCH

MEMORIAL & FUNERAL PLANNING

1900 Nicollet Avenue, Minneapolis, MN 55403-3789

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churchinfo@plymouth.org • www.plymouth.org

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 _____

INTERMENT 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

OTHER READINGS

HYMNS

SOLOS

INSTRUMENTAL MUSIC

OTHER

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

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 _____	

