

PERSONAL PREFERENCE FORM FOR PROCEDURES AT THE TIME OF MY DEATH

(Extra forms are available at the church office or on the Web site, www.fpchurch.com.)

NAME _____

DATE _____

Below are my preferences regarding procedures to be followed at the time of my death. I understand that this form is not legally binding and that the ultimate decisions are to be made by my next of kin. I hope that my wishes will be taken seriously.

1. NEXT OF KIN OR GUARDIAN TO BE CONSULTED AT MY DEATH:

Name _____ Telephone _____

2. CLERGY PERSON:

I request that the pastor of _____ Church be contacted immediately in order that he/she may offer assistance to my family. Preferred pastor on staff: _____

3. FUNERAL DIRECTOR:

I request that the _____ Funeral Home of _____ (city) be asked to take care of the requested arrangements itemized herein.

4. MEDICAL RESEARCH AND HUMANITARIAN PURPOSES:

- a. ☐ I have no objection to a post-mortem examination (autopsy) if there is reason for one to be made.
b. ☐ If possible, I would like the following organs to be donated for another person:

5. DISPOSITION OF THE BODY: I request that my body be:

- ☐ buried in _____ Cemetery located at _____
Family burial plot: Block: _____ Section: _____ Lot: _____
Lot owner: _____ Location of deed: _____
Casket price range: ☐ Low ☐ Medium ☐ High
☐ placed in a crypt in _____ (Mausoleum)
☐ cremated and my ashes be _____
☐ other _____

6. RELIGIOUS SERVICE: I request that there be:

- ☐ a memorial service (without the body) at:
☐ _____ Church ☐ Home ☐ Funeral Home
☐ a funeral service (with the body) at:
☐ _____ Church ☐ Home ☐ Funeral Home
☐ only a graveside committal service.

7. LODGE OR MILITARY CEREMONY:

Please notify the following lodge(s) and/or military organization(s) to arrange for special services:

- ☐ I would like a flag for the casket (veterans only). Honorable discharge from U.S. military service is located _____

(Make a photocopy to keep at home and place the original in a safe-deposit box.)

8. MEMORIAL DONATION OR FLOWERS: I request that there be:

- ☐ flowers ☐ no flowers ☐ donations in lieu of flowers to:
☐ Memorial Fund of First Presbyterian Church, Charlottesville, VA.
☐ Other _____

9. I have ☐ have not ☐ made a will. A copy of the will is located _____

10. I have ☐ have not ☐ made a "living will." A copy is located _____

11. OTHER CHOICES OR WISHES, IF APPLICABLE:

Favorite hymns and/or scripture selections preferred in worship service:

Hymns: _____

Scripture: _____

Pallbearers: _____

Other wishes: _____

12. INFORMATION FOR DEATH CERTIFICATE AND/OR NEWSPAPER NOTICES:

Full name _____ Social Security No. _____

Full address _____

Birth date _____ Birth place _____

Father's full name _____ Birth place _____ Deceased ()

Mother's full name _____ Birth place _____ Deceased ()

Last occupation/employer _____ Since _____ Retired ()

Veteran (war or dates) _____

Married () Name of spouse _____ Widowed () Divorced () Never married ()

No. _____ children _____

No. _____ brothers _____

No. _____ sisters _____

No. _____ grandchildren No. _____ great-grandchildren No. _____ nieces and nephews

Memberships: Church _____

Lodge(s) _____

Other organization(s) _____

13. Copies of this expression of my wishes are filed with:

_____ (church)

_____ (relatives)

_____ (funeral home, if desired)

DATE _____ **SIGNATURE** _____

Please complete one copy for **each** adult member of the family. It is requested that the church office be provided a copy of this form. It may be placed in a sealed envelope that will not be opened until the time of death.

Please remember First Presbyterian Church in your will by designating a bequest to the Endowment Fund. A member of the Endowment Committee will be happy to speak with you; please call the church office (434-296-7131) for a name and number of a committee member. It is a fitting witness that furthers the ministry and mission of Christ's Church.

Approved by the Session of First Presbyterian Church, Charlottesville, VA: 7.27.09