

FUNERAL INFORMATION FORM



The purpose of this form is to assist PCF Church in fulfilling your wishes and to assist your family through a difficult time.

This Funeral Information Form does NOT constitute a legal WILL and is not binding in any way.

Full Name:

Address:

..... Postcode:

At the completion of my course of life here on earth, I would like my family and friends to use the following information, requests, and suggestions in the plans for my memorial or funeral service.

Section 1: Funeral Service or Memorial Service

I would prefer *(please tick or delete as appropriate):*

- Burial/cremation, followed by a service of remembrance at the church
- Church service, then burial/cremation
- Burial/cremation service, with no service at the church

Any other instructions or requests?

(e.g. if cremation is chosen, please indicate if you wish anything specific done with the remains)

.....
.....
.....

1. I prefer the Funeral Service be held at:

2. I prefer the Church Service be held at:

3. Favourite hymns or songs? Any special requests, ministry songs etc?

.....
.....

4. Favourite Scriptures? Any other reading, poetry etc: *(please attach a copy)*

.....
.....

- 5. Personal message to leave? *(Written or taped brief testimony is often a powerful witness).*
.....
.....
.....
- 6. Any Minister you would prefer to take the service?
- 7. Any family member, friend or associate to have a specific part in the service?
.....
.....
.....
- 8. Would you prefer the mourners to be dressed in black, or colourful clothes?

Section 2: Funeral Arrangements

It will greatly assist those who have to make the necessary arrangements if you could provide the following information in confidence:

- 1. What arrangements have you made up to this point?
- 2. Do you have burial insurance, or pre-paid arrangements made? With whom?
- 3. Do you have a grave plot? (Location:)
- 4. Do you have a preferred Funeral Director?

Section 3: Other Issues

Do you have a will (Yes/No)?

If so, who has copies?

Name:

Tel Number:

Address:

.....

Have you indicated that any part of your body is to be left to medical research (Yes/No)?
 (if so, please give details in order that your wishes can be honoured):

.....

Any other requests or instructions?

.....

Section 4: Contact Information?

Please provide us with contact information should we need to contact your family and/or friends.

1. Name Tel Number:

2. Name Tel Number:

3. Name Tel Number:

Many loved ones and friends prefer the custom of giving donations to a church or charity or mission organisation etc instead of flowers. Please express your preference.

Signed Date

From time to time you may wish to revise this form. Often, friends or family members may also wish copies. Please feel free to call the church for additional blank forms.

The next step - please keep this form in a safe place (but not in a safety deposit box). Ensure you give a copy to your church, and also to friends or family members so they can ensure your wishes are respected as far as possible.