

Today's Date: _____

Funeral/ Memorial Pre-Planning – for Yourself

Full Name: _____

Preferred Name/Nickname: _____ Birthdate: _____

Next of Kin: _____ Relationship: _____

Phone: _____ Email: _____

Other Family:

Service Details

Preferred Funeral Home/Mortuary: _____

Preferred Final Resting Place (cemetery, columbarium, ashes scattered, etc.):

Preferred Location of Service: _____

Visitation: _____ Yes _____ No _____ my family can decide

Preferred Clergy: _____

Favorite Scriptures: _____

Favorite Hymns: _____

Other Sacred Music You Love (solos or organ pieces): _____

Favorite Poems or Quotes: _____

Organization(s) to Receive Memorial Contributions: _____

Personal & Spiritual Details

What church(es) has/have been most foundational in your life? _____

What do you know/remember about your baptism? _____

When did you first attend Boston Avenue Church? _____

What do you remember about it? _____

Describe the connections you have made within the church and any groups of which you have been a part. Why are they important to you?

Do you have regular spiritual practices? If so, what are they? _____

What is the most important thing you have done in your life? _____

At the end of your life celebration, what are the most important things people will have heard about you?

Where were you born? _____

Where did you grow up? _____

Fondest memories: _____

What schooling or professional training did you have? _____

What did you do in your professional life? _____
