A GUIDE FOR PREPARATION OF DEATH ANNOUNCEMENT

Information to assist in preparation of obituary or other death announcement

1. **Personal Information:**

   Full Name: _____

   Address: _____

   Nickname: _____ Maiden Name: _____

   Date of Birth: _____

   Place of Birth: _____

2. **Family Information:** (If married or have children)

	(Name)	(Birthday)
Spouse(s):	_____	_____
Children:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Grandchildren:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

3. **Parental Information:**

	(Name)	(Birthday)
Mother:	_____	_____

   Living (Y_ N_); Deceased (Y_ N_) Date:_____

   | Father: | _____ | _____ |

   Living (Y_ N_); Deceased (Y_N_) Date:_____

   Grandfather: _____

   Grandmother: _____

4. **Other Information:** _____

   _____

   _____

   _____

   _____

A GUIDE FOR THE FUNERAL PREPARATIONS

"I am the one who raises the dead to life! Everyone who has faith in me will live, even if they die." *(The words of Jesus in John's gospel.)*

Full name (printed)_____ Birthdate:_____
Address_____ Social Security #_____
City/State_____ Zip_____Phone Number_____
Signed_____Date_____

I have indicated my preferences as to the funeral liturgy and burial of myself on the following outline. However, since circumstances may occur which cannot now be anticipated, my family is authorized to make the necessary changes. All final arrangements should be made in consultation with the Pastor.

1. Preferred funeral director:_____ Location:_____
2. Type of casket desired:_____
3. Flowers: yes__; no__.
4. Memorials to Advent Lutheran Church: yes__; no__.
    Other memorials to:_____
5. Viewing period: yes__; no__. If yes, when?_____
6. Special instructions for funeral director _____
7. If cemetery burial, location of plot or mausoleum:_____
    Type of vault desired:_____
8. If cremation, location to dispose ashes:_____
9. Funeral service in church: yes__; no__; OR
    Private committal of body with a memorial service in church: yes__; no__.
10. Special instructions for funeral service:_____
    Lessons_____; Hymns_____
    Holy Communion: yes__; no__. Pall bearers: _____
    Other requests:_____
11. Do you have a will? yes__; no__. Filed where?_____
12. Do you have a "living will" (Advanced Directives) that direct medical professionals regarding the amount and extent of medical care you desire?   yes__; no__.
    On file with: _____
16. Other preferences:_____
    _____
    _____
    _____
    _____
    _____
    _____
    _____