

**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 \_\_\_\_\_
- donated to \_\_\_\_\_ Medical School for anatomical science studies.  
(Contact the church for necessary forms.)
- 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

I request that there be 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 \_\_\_\_\_

Full address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Birth date \_\_\_\_\_ Birth place \_\_\_\_\_

Father's full name \_\_\_\_\_ His birth place \_\_\_\_\_

Mother's full name \_\_\_\_\_ Her birth place \_\_\_\_\_

Last occupation \_\_\_\_\_ Since \_\_\_\_\_ Retired (?) \_\_\_\_\_

Last employer \_\_\_\_\_ Since \_\_\_\_\_

Veteran (war or dates) \_\_\_\_\_

Married  Widowed  Divorced  Never married 

Name of surviving spouse \_\_\_\_\_

Surviving parents \_\_\_\_\_

No. \_\_\_\_\_ children \_\_\_\_\_

No. \_\_\_\_\_ brothers \_\_\_\_\_

No. \_\_\_\_\_ sisters \_\_\_\_\_

No. \_\_\_\_\_ grandchildren    No. \_\_\_\_\_ great-grandchildren    No. \_\_\_\_\_ nieces and nephews

Memberships: Church \_\_\_\_\_

Lodge(s) \_\_\_\_\_

Other organization(s) \_\_\_\_\_

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**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 for a name and number of a committee member. It is a fitting witness that furthers the ministry and mission of Christ's Church.