When a loved one dies, the family is often confused and upset. Grief may be so great that they are unable to think clearly about necessary arrangements. Most of these arrangements can be made prior to the time of need.

It is the wish of your church and minister to be of every assistance at this time. By completion of this form, your church and minister will be able to share your wishes with those responsible for your funeral arrangements.

This form will be kept in a confidential file in the St. Luke Union church office. Additional copies are available if you desire.

This form is for informational purposes and is not intended to be a legally binding document.

Pastor Gifford, or your current minister, is available to help you in completing this form and in answering any questions you may have. Please call the church office 309-663-7437 for an appointment.

To: St. Luke Union Church  
2101 East Washington Street  
Bloomington, Illinois 61701

The following indicates my preferences concerning my own funeral.

1. I prefer that the following firm serve as Funeral Director:

   Name: ________________________________

   Address: _______________________________ Phone Number: ____________
2. In regard to the disposition of my body:

_____ I prefer that my body be buried.
I now own a lot in __________________________ cemetery.

Section ___________ Lot ___________ Block ________________

I do not own a lot, but I prefer burial in __________________________ cemetery.

_____ I prefer that my body be entombed.
I now own a crypt in __________________________ mausoleum.

Section ___________ Lot ___________ Block ________________

I do not own a crypt, but I prefer entombment in ________________ mausoleum.

_____ I prefer that my body be cremated.
I prefer that the disposition of the ashes be as follows: ________________

________________________________________
________________________________________
________________________________________

If interment or entombment is to be in another city, ship to: ________________

________________________________________
(Receiving Funeral Director)

________________________________________
(address)                                     (city & state)
3. I prefer that any memorial gifts take the form of:

____ Flowers
____ Gifts to the Church (designate if desired):
____ Gifts to these Charities:

4. My will is located __________________________

It (does) (does not) contain instructions regarding these matters.

5. The following information is given to help in the planning of my funeral service.

a. Type of service ______Funeral with Casket Present
   ______Memorial without Casket

b. Place of service ______Church
   ______Funeral Home
   ______Cemetery
   ______Other

c. I prefer that my body ______be viewed ______not be viewed prior to the service.

d. Hymns to be Sung by the Congregation –

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
e. Scripture Readings –

________________________________

________________________________

________________________________

f. Special Music –

________________________________

________________________________

________________________________

g. Other Comments or Preferences Regarding my Service –

________________________________

________________________________

________________________________

6. In my estate planning I have added provisions in my will to provide the following gifts and/or offerings to St. Luke Union Church

________________________________

________________________________

________________________________

________________________________

________________________________
7. Recognizing that certain facts will need to be provided upon my death, I offer the following information to make it easier for those responsible for my funeral arrangements.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>____________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>City:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>State:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Birth Place:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Occupation:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Education:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Spouse’s Name:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Spouse’s Date of Birth:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Marriage:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Where:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Children:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>(city) (county) (state)</td>
<td></td>
</tr>
<tr>
<td>Children:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>(city) (county) (state)</td>
<td></td>
</tr>
<tr>
<td>Mother’s Maiden Name:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Mother’s Birth Place:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>(city) (county) (state)</td>
<td></td>
</tr>
</tbody>
</table>
Survivors -
Sons: ________________________________
Daughters: ___________________________
Brothers: _____________________________
Sisters: ______________________________
No. of Grandchildren: ______________________________
No. of Great-Grandchildren: ______________________________

For Veterans Only

Date of Enlistment: _______________ Place: ___________________________
Date of Last Discharge: _____________ Place: ___________________________
Location of Discharge Paper: ______________________________
Type: __________ Branch: __________ Rank: __________ Unit: _____________
Service No: __________________________
........................................................................................................................................................................

This completed form is an indication of what I now desire. I may wish to change these preferences at a later time by contacting the church office at 309-663-7437.

Signed ___________________________ Date ________________________