

- 5. Disposition of the body:** I prefer that my body be:
- A. Buried in \_\_\_\_\_ Cemetery in: \_\_\_\_\_  
Family burial plot: Block: \_\_\_\_ Section: \_\_\_\_ Lot: \_\_\_\_\_
  - B. Placed in crypt in mausoleum located at \_\_\_\_\_
  - C. Cremated, and my ashes be \_\_\_\_\_
  - D. Donated to \_\_\_\_\_ Medical Center for anatomical science studies (contact the medical school for necessary forms)
  - E. Limit expenses to:  Minimum  Average
  - F. Other: \_\_\_\_\_

**6. Religious Service:**

- A. I prefer that there be a
  - memorial service (with the body present)
  - memorial service (without the body present)
  - graveside service attended only by family and closest friends
  - I am a veteran and would like \_\_ flag on casket \_\_ honor guard.
- B. I request the service be held at:
  - Church: \_\_\_\_\_
  - Funeral Home: \_\_\_\_\_
  - Other: \_\_\_\_\_
- C. Favorite hymns or Scripture selections I hope can be used in the religious service:
  - Hymns: \_\_\_\_\_  
\_\_\_\_\_
  - Scripture readings \_\_\_\_\_  
\_\_\_\_\_
  - I have no preferences regarding hymns or Scripture. My family or pastors may select them.
  - Other requests for music:
    - Choir: \_\_\_\_\_
    - Musical instrument / performing artist: \_\_\_\_\_  
\_\_\_\_\_

Other readings/poetry I would like read and person I would like to do reading: \_\_\_\_\_  
\_\_\_\_\_

- D. Casket / Burial Clothing, etc. \_\_\_\_\_  
\_\_\_\_\_
- E. I would like the Rev. \_\_\_\_\_ of \_\_\_\_\_ Church to participate in the service along with the pastor of my church.
- F.  In lieu of flowers I prefer that there be donations to:
  - Memorial Fund of \_\_\_\_\_ Church  
Location of Church: \_\_\_\_\_
  - Other: \_\_\_\_\_
- G. In addition to family, I would like the following friends and colleagues notified of my death:

Name:	Phone:
Address:	City:
Name:	Phone:
Address:	City:
Name:	Phone:
Address:	City:
Name:	Phone:
Address:	City:
Name:	Phone:
Address:	City:

**7. Information Needed for Death Certificate and/or Newspaper Notices:**

Obituary notices should be placed in the following newspapers:

Newspaper: \_\_\_\_\_ City: \_\_\_\_\_

Newspaper: \_\_\_\_\_ City: \_\_\_\_\_

Newspaper: \_\_\_\_\_ City: \_\_\_\_\_

My Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

His Birth Place: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Her Birth Place: \_\_\_\_\_

Other information:

Occupation: \_\_\_\_\_

Organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interests / Hobbies: \_\_\_\_\_  
 \_\_\_\_\_

Military Service: \_\_\_\_\_

Other: \_\_\_\_\_

United Church of Chapel Hill  
 1321 Martin Luther King, Jr. Blvd.  
 Chapel Hill, NC 27514-6605

**FINAL PLANS AND WISHES**

I wish to outline my preferences and wishes to be followed at the time of my death. I know that the form is not legally binding but the form may be a guide for decisions made by surviving next of kin. A copy of this form may be placed in a confidential church file and another copy with my family papers or with a family member.

( ) I have contacted the pastors at United Church to discuss any of these points with them as I was completing the guide.

( ) I have shared this information with my spouse or immediate survivor.

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Next of kin or guardian to be consulted at my death:**

**2. Siblings, Children, Grandchildren, & other survivors:**

Name	Address/Telephone

**3. I want to donate organs (see Organ Donor Card /Registry)**

**4. Clergy:** I request pastor \_\_\_\_\_ of \_\_\_\_\_ Church in \_\_\_\_\_ be contacted to offer assistance to my family.

**5. Funeral Director:** I prefer the following be asked to take care of arrangements:

- A. Funeral Home: \_\_\_\_\_  
 (city location) \_\_\_\_\_
- B. Burial Society of: \_\_\_\_\_
- C. Other: \_\_\_\_\_