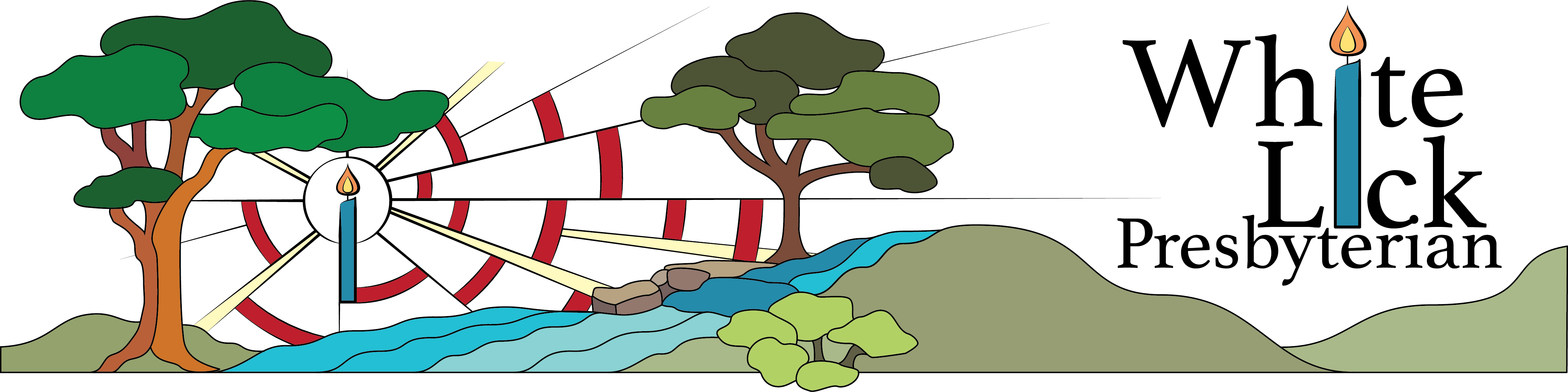
Hymns/Songs I would like a soloist to sing



Music I would like played (but not sung)

Pallbearers and/or Honorary Ushers

Other Participants/Family or Friend Reflections

Information I wish to include regarding my service to the church:

Memorial Contributions

I have named the church as one of the beneficiaries in my estate (circle one): Yes No

I would like to speak with a member of the finance team to learn more about how to include my church in my estate planning (circle one): Yes No

I would like Memorial contributions given to:

*Personal Planning Guide for Funeral/Memorial Service*

Authorization

I, , have given the receding information, to be filed in the church and used by pastor, family, and funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.

Signature: Date Submitted:

White Lick Presbyterian Church 2530 N. County Rd 600 E

Avon, IN 46123

Website: [www.whitelickpcusa.org](http://www.whitelickpcusa.org/) E-mail: [wlpres@indy.rr.com](mailto:wlpres@indy.rr.com)

Thank you for helping us help you! Your loved ones will deeply appreciate your thoughtfulness in providing this information, and your mind and spirit can be at peace regarding these matters.

*I understand that the purpose of ‘My Personal Planning Guide for a Funeral/Memorial Service’ is to oﬀer assistance to those who will be responsible for designing and following through on my wishes for a memorial or funeral service appropriate to my person, life, and faith. The most current copy of this Guide, as retained in confidential files of the pastor of White Lick Presbyterian Church of Avon, Indiana is understood by me, to be the copy by which I desire the pastor and others to abide on the occasion of my death.*

My Full Name Address City State Zip Code Phone Social Security #

I have served in the following branch of the United States Armed Services: When discharged from military duty, I held the rank of:

Period of Service to

Primary Contact Person at My Death Phone, address or email address of this person Legal Information

I have made a will, and its location is known to my family (circle one): Yes No

Full Date of Birth Birthplace

{Town/City and State}

Parents

Father’s Name

Mother’s Name

Attorney

Name Funeral Service Instructions and Information

Will

Phone #

{include the maiden name of your mother}

Marital Status

{To} {Date} {Place}

Married Divorced Single Widower

{Date}

Family Information

{relationship - daughter, son} {Name, City & State}

I have made prearrangements for my funeral/memorial with the following mortuary:

I have not made prearrangements with a mortuary but prefer I plan to be cremated (circle one): Yes No Uncertain at this time

My desire is that my mortal remains be: (Circle a number preceding on of the following)

1. Interred or disposition of at a place to be designated by my family
2. Entombed in a mausoleum (name and location)
3. Interred in the ground in a cemetery (indicate name and location)

Please share information about the White Lick Cemetery: Yes No

I prefer that my funeral/memorial service be conducted at (circle one)

White Lick Presbyterian A funeral home The grave site

Minister Other Leadership

Scripture I would like read Other readings I would like read