

First Congregational United Church of Christ – River Falls, WI Inc.  
110 North Third Street, River Falls, WI 54022 – 715-425-2052

**MEMORIAL SERVICE AND FUNERAL INFORMATION PREFERENCE FORM**

This form is completed at my request for the guidance of those who survive me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Mother's Maiden Name: \_\_\_\_\_

Place of Residence (if still living): \_\_\_\_\_

Marital Status and Date: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse(s) Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Nearest Relatives, Relationship, Address, Phone Number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Church Membership:

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

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

Fraternal Affiliations:

\_\_\_\_\_

Veteran? Yes \_\_\_ No \_\_\_ Branch of Service \_\_\_\_\_ Serial # \_\_\_\_\_ Date of Discharge \_\_\_\_\_

I have a will: Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

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

Memorials may be given to:

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

Charity: \_\_\_\_\_

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

Other wishes regarding jewelry, obituary, newspaper notification: \_\_\_\_\_

Funeral Instructions: \_\_\_\_\_

Funeral Director Preferred: \_\_\_\_\_

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

I direct that \_\_\_\_\_ (parts of my body) may be used for medical or research purposes (transplant or education).

What agency should be contacted: \_\_\_\_\_

The remains may be viewed: Yes \_\_\_\_\_ No \_\_\_\_\_

I wish burial in a casket: Yes \_\_\_\_\_ No \_\_\_\_\_

Place: \_\_\_\_\_

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

I wish cremation: Yes \_\_\_\_\_ No \_\_\_\_\_

Ashes may be buried – Location: \_\_\_\_\_

Ashes may be placed in depository – Location: \_\_\_\_\_

Type of grave marker preferred: \_\_\_\_\_

Special instructions: \_\_\_\_\_

If buried in a casket: What type?            Wooden \_\_\_\_\_ Metal \_\_\_\_\_

Type of vault desired:                    Concrete \_\_\_\_\_ Metal \_\_\_\_\_

Type of plot:                                Ground \_\_\_\_\_ Crypt \_\_\_\_\_

Already purchased? Yes \_\_\_\_\_ No \_\_\_\_\_

Title is on file – Where? \_\_\_\_\_

Suggested limits for funeral costs: \_\_\_\_\_

Memorial Service Suggestions:

Place: Sanctuary \_\_\_\_\_ Funeral home \_\_\_\_\_ Other \_\_\_\_\_ Communion? \_\_\_\_\_

Remains: Not present at memorial service \_\_\_\_\_ Present at service \_\_\_\_\_

Other suggestions: Graveside service only \_\_\_\_\_ Private service \_\_\_\_\_

Suggested Pallbearers: \_\_\_\_\_

Suggested Bible readings: \_\_\_\_\_

Suggested Music: \_\_\_\_\_

Time of day preferred: \_\_\_\_\_

Reception? Tea \_\_\_\_\_ Luncheon \_\_\_\_\_ Any preference of food? \_\_\_\_\_

It is understood that the First Congregational United Church of Christ – River Falls, WI Inc. assumes no financial or legal responsibility in connection with these arrangements. The information is to be filed as a confidential record until the time of death.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (optional): \_\_\_\_\_ Date: \_\_\_\_\_