

**INSTRUCTIONS
FOR MY FAMILY
& FRIENDS CONCERNING DEATH**

Frederick Presbyterian Church
115 W. 2nd Street
Frederick, MD 21701

(When possible, it is suggested that you fill out the following in consultation with your clergy.)

The Funeral or Service of Worship in Witness to the Resurrection is an Easter liturgy. The Service finds all its meaning in the resurrection. Because Jesus was raised from the dead, we, too, shall be raised.

Worship at the time of death, therefore, is characterized by joy in the certainty that “neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.” *(Romans 8:38-39)*

This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has been welcomed into the presence of God, we sorrow in sympathy with those who mourn.

The death of a member of the Church should be reported as soon as possible, and arrangements for the funeral should be made in consultation with the Pastor of the Congregation.

Final Directions and Instructions upon the death of:

Name: _____

Address: _____

Birthdate: _____ Birthplace: _____ Baptism Date: _____

INSTRUCTIONS FOR BURIAL

Baptized Christians are properly buried from the church. The service should be held at a time when the congregation has the opportunity to be present.

Circumstances permitting, I wish my Service to take place at:

Church: _____

Address: _____ City/State: _____

If possible, I would like to have the following Psalms and Lessons

Old Testament _____

Psalm _____

New Testament _____

Gospel _____

I would especially like the following hymns:

Other requests concerning the service (organ music, etc.):

Instead of flowers, you may prefer to make a more lasting memorial. FPC has both a general memorial fund (*as do most charities*) and a building fund. If you so desire, please indicate where you would like to have such contributions made.

I prefer to be: Buried Cremated (check with your attorney regarding the legal ramifications of this request.)
Before OR After the funeral

INTERMENT OR DISPOSAL OF ASHES:

Location of cemetery lot deed, crypt deed, columbarium contract: _____

I have made arrangements to have certain parts or all of my body donated to: _____

Funeral Home to use: _____

Coffin Specifications (*circle*): Least Expensive Mid Range Elaborate

I **DO / DO NOT** wish to have my coffin open at the funeral home.

The coffin is to be closed before the service, and it remains closed thereafter. It is very appropriate that it be covered with a pall or other suitable covering.

Suggested Pall Bearers:

Other information for my Survivors:

Spouse's Name: _____

Address: _____

Birthdate: _____ Birthplace: _____ Baptism Date: _____

Father's Full Name: _____

Birthdate / Place: _____

Living: Yes No

Mother's Full Name: _____

Birthdate / Place: _____

Living: Yes No

Names, addresses and phone numbers of living brothers, sisters and children (*please designate relationship*):

1. _____
2. _____
3. _____
4. _____
5. _____

Names, addresses and phone numbers of other persons to notify upon my death:

1. _____
2. _____
3. _____
4. _____
5. _____

Occupation: _____ Employer: _____

Social Security Number: _____

Last Will Executed dated: _____ Will is located at: _____

Representative's name and address: _____

Lawyer's name and address: _____

Armed Forces: Date of Service _____ Branch: _____

Serial Number: _____

Discharge Certificate Located at: _____

Signature _____ Date _____

File this information where it will be found easily upon your death. It is suggested that you file this with Frederick Presbyterian Church and a copy with your attorney. Notify your heirs that this form has been completed for their information.

FINANCIAL INFORMATION *(Optional)*

Bank Accounts/Savings Institution Account/Other Income Producing Accounts:

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Account Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Safe Deposit Box Number & Location: _____

Location of Safe Deposit Key: _____

Investment counselor or banker's name and address: _____

Insurance agent's name and address: _____

Life Insurance:

<u>Company</u>	<u>Amount</u>	<u>Certificate #</u>	<u>Beneficiary</u>
1. <i>(type)</i> _____	_____	_____	_____
2. <i>(type)</i> _____	_____	_____	_____
3. <i>(type)</i> _____	_____	_____	_____
4. <i>(type)</i> _____	_____	_____	_____

Insurance Policies are located at: _____

Credit Cards and Charge Accounts	Account Number
_____	_____
_____	_____
_____	_____

File this information where it will be found easily upon your death. It is suggested that you file financial information with your attorney. Notify your heirs that this form has been completed for their information.