

Name: _____



My Final Wishes
Guidance for my Pastor,
Family and Friends

As supplied to:
The First Church in Oberlin,
United Church of Christ

106 North Main Street
Oberlin, Ohio 44074
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Dear Member, Friend, Relative,

It is hoped that you are filling this out when you are in good health, anticipating many more years ahead. It may be, however, that you or a loved one is instead facing serious health issues or has even been taken suddenly. Whatever the case, know that you are not alone, that you have the love and support of your church and that we offer this document to provide you with a way to speak to your family and friends when both time and decisions are critical. Whatever the timing, the issues addressed within are difficult and often prompt some sadness. That too is understandable, but it is hoped that the effort you make now will bear fruit for those you love.

The questions asked in this booklet are prompts for answers that will assist your family and friends in knowing your personal desires. Answer the questions that are important to you, leaving blank any for which you do not have specific requests or opinions. You may provide any additional information you wish to on the last page which has been left blank for that purpose.

Please complete this booklet and make a copy for your own records. You may also wish to give a copy to your primary and secondary contacts as shown within and it is recommended that you inform two family members or close friends where a copy of this document is located. You may wish to also give copy to the church: The First Church in Oberlin, United Church of Christ, 106 N. Main St., Oberlin, OH 44074.

Please give the office here at First Church, a copy for our files: The First Church in Oberlin, United Church of Christ, 106 N. Main St., Oberlin, OH 44074. Please note: While First Church will keep all of your information as secure as possible, please remove from this booklet any account numbers or other sensitive information that might be a security risk, prior to giving it to the Church Office.

Please contact the Church Office for a phone number of a member of the Witness and Membership Committee if you have any concerns or suggestions regarding this document.

This booklet belongs to:

Name: _____

Address: _____

Phone: _____ Cell _____

Name of person completing form (if on behalf of another): _____

Date booklet was completed _____

Date of Revisions: _____

Primary contact to handle the arrangements:

Name: _____ Address: _____

Phone: _____ Email: _____

Secondary contact if primary contact is not available:

Name: _____ Address: _____

Phone: _____ Email: _____

Names of relatives and friends to be contacted upon your death:

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Would you like the congregation to be notified? Yes No Family choice

Names of professional/business persons to be notified immediately:

Clergy _____ Address: _____

Phone: _____ Email: _____

Attorney _____ Address: _____

Phone: _____ Email: _____

Executor _____ Address: _____

Phone: _____ Email: _____

Business Partner(s) _____ Address: _____

Phone: _____ Email: _____

Others:

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

Funeral Home Preferences

Funeral Home Preferred _____

Address of Funeral Home _____

Funeral Home Telephone _____ Email _____

Organs to Be Donated to: _____

Instructions may be found: _____

Burial or Cremation Preference _____

Remains to be disposed of as follows: _____

Plot Location (owned) Being purchased? Burial Site (gravesite) _____

Showings: Multiple Single None Family choice

Open Casket Closed Casket Family choice Open for family only?

Special Considerations for presentation (clothing, jewelry, etc.) Explain:

Do you wish a graveside service? Yes No Family choice

Service Preferences

A funeral requires the body or cremains to be present during the service. A memorial service does not.

Would you prefer a funeral service or a memorial service? _____

Location for Service(s) (church, mortuary, other facility, etc.) _____

Flowers Memorial Gifts (see next page) Both/Either

Favorite Music (hymns, sacred music, preferred soloists*, etc.) _____

Special Readings (scripture verses, poems, quotes) _____

Pallbearers:

Name	Address	Phone
1.		
2.		
3.		
4.		
5.		
6.		

Person(s) to share remembrances:

Name	Address	Phone
1.		
2.		
3.		

Other preferences for your service:

**Musicians (including the organist) are independent contractors. Please consult with the church office regarding current fees.*

After the Service

The church offers a reception or luncheon given by members of the congregation after the service. I would like to provide a gift of gratitude for this kindness.

In addition to this, I would like the following to occur:

Memorial Gifts/Donations:

Other notes/instructions:

Obituary Biographical Information

(If available, a resume might be attached here to provide some helpful information about your experience and associations.)

Full Name _____

Date of birth: _____ Place of birth: _____

Mother: _____ Maiden name: _____

Father: _____ of _____ (city/state)

Immediate family members (and current city/state of residence)

_____	of	_____
_____	of	_____
_____	of	_____
_____	of	_____

Church membership and participation (including prior churches): _____

Education/schools attended: _____

Military service: _____

Business/Profession/Career path (employed by): _____

Personal achievements: _____

Memberships held: _____

Additional Notes

Please consider how you would like the following items to be handled if they are a concern for you.

Your computer hard drive. (Is there information here your family might need?)

Your cell phone? Security pass to unlock?

Your tablet?

Ipod?

Do you have social media accounts you will want to have closed?

Facebook Twitter Linked In Snap Chat Instant Messaging YouTube? Others?

Organizations in which you have a membership? Should they be notified?

Other Financial Information (optional)

Please note: While First Church will keep all of your information as secure as possible, please remove this page from this booklet before providing to Church Office.

Life Insurance Policy(s):

Company _____ Policy Location: _____ Policy # _____

Company _____ Policy Location: _____ Policy # _____

Health Insurance Policy(s):

Company _____ Policy Location: _____ Policy # _____

Company _____ Policy Location: _____ Policy # _____

Business Life Insurance Policy:

Company _____ Policy Location: _____ Policy # _____

Mortgage Cancellation Insurance Policy:

Company _____ Policy Location: _____ Policy # _____

Bank Name: _____

Safe Deposit Box location: _____

Other Financial Company: _____

Retirement Accounts: _____

Employment Benefits due from: _____

Government Benefits from: _____

Ownership of business, farms, franchises: _____

Personal notes due from: _____

(cut out and keep with your records if desired)



For your personal security, please cut out this page and keep with your personal records: