

Community Mennonite Church

End of Life Planning Form

This record, once completed and signed, will be kept at the church office in your confidential (locked) personal file. You may change or discard it at any time by contacting the church office directly and stating your wishes. We recommend you also keep a current copy of this form with your important papers. You may also want to share it with another member of your family. Completing and filing it with the church now will be extremely helpful for family members and pastors in order to carry out your plans and wishes at the time of your death. Attach additional pages if needed.

Biographical Information (to be used in obituary or funeral folder)

Name _____

Address _____

Telephone _____ Social Security Number _____

Birth Date _____ Birthplace _____

(Complete where applicable)

Date of Baptism _____ Church Membership _____

Spouse's name _____ Address _____

Spouse's telephone _____ City _____ State _____

Date and place of marriage _____

___ Widowed ___ Divorced Date _____

Schools attended _____

Main occupations and employers (include approximate dates) _____

Date retired _____

Membership/participation in organizations or service commitments _____

Life highlights

Family contact (other than spouse or children) and phone

Children

Name

Address

Telephone

Father's name and birthplace _____

Mother's name and birthplace _____

Location of important documents (such as will) _____

Arrangements or commitments for body/organ donation

Other persons/organizations to be notified at death (former employers, special friends, or relatives)

Newspapers to be notified

Funeral arrangements

End of life practices provide an opportunity to express Christian faith and values. You may want to consider how you would like to incorporate simplicity, environmental stewardship, and trust in God's care. Plans should reflect opportunities for friends and family to celebrate your life as well as to grieve for your loss.

Some information to consider:

- CMC has an agreement with Weavers Mennonite Church and Lindale Mennonite Church that allows for the burial of CMC members in the cemeteries belonging to those congregations. For more information, please contact the church office.
- Information about arranging for internment of ashes in the CMC memory garden is attached.
- A document outlining policy and planning procedures for funerals or memorials of CMC members, attendees, and non-members is attached.

1. I (circle one) **have** / **have not** make pre-arrangements with a funeral home.

Funeral home preference _____

2. I prefer to be:

___ Embalmed and buried in _____ cemetery.

City _____ State _____

I (circle one) **have** / **have not** made pre-arrangements with the cemetery

___ Cremated

___ashes scattered ___ashes buried ___ashes returned to family

Other notes regarding ashes: _____

3. I prefer to have visitation at ___the church ___the funeral home

with an ___open casket ___closed casket ___no casket

___ I have a pre-made casket. It is being stored at _____

Other casket preferences/notes:

4. The location I prefer for my funeral/memorial service is _____

5. I prefer to have a

___ funeral (body is present at the service; a short graveside service and burial follow)

___ memorial service (public service is preceded by a short family prayer service, grave side service and burial)

6. ___ I want a funeral at minimal cost

___ I leave the financial arrangements to my survivors' discretion

7. These scriptures and writings have been meaningful to me: _____

8. These hymns and songs are some of my favorites _____

9. I would like, if possible, for the following person(s) to assist in the service

10. I would like the following pallbearers (6-8) _____

11. I would prefer a service which (check all that apply):

Deals openly with the feelings of loss and hurt

Encourages and comforts loved ones left behind

Affirms our faith in God, who raises the dead

Celebrates my life as God's good gift, with praise and thanks to God

Other _____

12. I suggest memorial gifts be designated for:

13. I wish for the funeral or memorial service to include: _____

Date completed _____ Signed _____