



MY WISHES FOR A FUNERAL SERVICE
Zion Lutheran Church
2215 Brandywine Lane
York, Pennsylvania 17404

Name:

(First) (Middle) (Last)

Unless in conflict with legal rights of others, I desire that the following individual(s) be allowed to coordinate or plan my funeral service:

1. _____ (Name) _____ (Relationship)

Phone number: () _____

2. _____ (Name) _____ (Relationship)

Phone number: () _____

3. _____ (Name) _____ (Relationship)

Phone number: () _____

If not possible I designate:

4. _____ (Name) _____ (Relationship)

Phone number: () _____

My preferred clergy: _____

Alternate if necessary: _____

My preferred funeral director/home: _____

Alternate if necessary: _____

I prefer to have the ceremony held at:

church funeral home residence other _____

I desire that my remains be disposed as follows:

burial cremation other _____

I have a burial space in the following cemetery: _____

Where is the cemetery lot certificate? _____

I do do not desire to comment on the costs, qualities of caskets, vaults, funeral services, flowers, etc.

If you do desire, please make appropriate notations: _____

You might note here the “little” things which could make a big difference: (clothing, hairdresser, glasses, pall bearers, flower preferences or anything else)

I would like memorial contributions to be given to the following:

Please note any scripture lessons you would like read at your funeral:

1. _____
2. _____
3. _____

Please note any special readings (poems, quotes, etc) you would like read at your funeral

Would you like any hymns or special music played or sung at your funeral? If so list below:

Do you desire Holy Communion to be part of your funeral service? yes no

Do you desire a viewing? yes no

The church prefers that the casket be closed during the service.

Is that okay? yes no

Will there be a video tribute used at your service? yes no

Note below any other comments or special requests:

BIOGRAPHICAL INFORMATION

Birth date: _____ Birthplace: _____

Usual occupation: _____

Kind of business, industry or work: _____

Spouse: _____

Father: _____ Mother: _____

Are you a veteran? (List branch) _____

Names of children: _____

List church activities: _____

List fraternal, professional, club and union affiliations: _____

List any other achievements or biographical information you wish to convey: _____

(Signature)

(Date)

