

Emanuel United Church of Christ  
16 Eastern Road  
Doylestown, Ohio 44230-9505  
(330) 658-2301

INSTRUCTIONS FOR MY FUNERAL

"For to me, living is Christ and dying is gain."  
Philippians 1:21 (NRSV)

When you have completed this form, you are encouraged to mail it or bring it in person to the church office, where it will be kept in a confidential file. You may revise it or remove it at any time.

You are also encouraged to give a photocopy to your loved one, and discuss it with them, so that they will be fully aware of your wishes.

This form is not binding in any way, legal or otherwise. Its sole purpose is to make your wishes known to your loved ones and your pastor so that your wishes may be carried out at the time of your death.

Your full legal name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

The funeral home that I have chosen is:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

I have ( ) or have not ( ) [ *check one*] prearranged my funeral with this funeral home.

I do ( ) or do not ( ) [ *check one*] wish to have calling hours at the funeral home.

It is my desire that my memorial service be held at: [ *check one*]

- ( ) Emanuel United Church of Christ
- ( ) the funeral home

If my memorial service is held at the church, I wish ( ) or do not wish ( ) [ *check one*] to have a final viewing there prior to the service.

During my memorial service, I would like to have the following Scripture(s) read:

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I would like the following hymn (s) sung: (church funerals only)

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I do ( ) or do not ( ) [*check one*] wish to leave my body to science.

If I do wish to leave my body to science, I have made arrangements with the following medical school:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Upon my death I do ( ) or do not ( ) [*check one*] wish to donate my organs to those waiting for transplants.

If I do wish to donate my organs, I have: [*check as appropriate*]

( ) informed my physician of my desire, and/or

( ) signed the State of Ohio donor card

I do ( ) or do not ( ) [*check one*] wish to be cremated.

The cemetery I have chosen for my final resting place is:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

ADDITIONAL INSTRUCTIONS:

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I have ( ) or have not ( ) [*check one*] discussed these wishes with my loved ones.

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

You are encouraged to write and attach your own biography to this sheet, thereby assuring accuracy and relieving your loved ones of this responsibility at a very difficult time.