

On the Occasion of Death:

A handbook of information to help your family and friends



Funeral Information for

[Full, legal name]_____

Families and friends making arrangements for loved ones who have died often experience strain and frustration regarding essential information for the obituary, death certificate, funeral service, and other pertinent matters needing attention. The Methodist Foundation for Arkansas has prepared the following pages so that families and friends won't have to experience such frustration in the midst of their grief. Frustration and grief are great enough without having to bear problems that can be prevented with a little pre-planning.

The blanks on the following pages are designed to answer questions that often arise at the time of death. Tell a family member or friend where you are going to keep this information so that it will be available in the event of your death. It is recommended that you not keep this in a safe deposit box in case the information is needed on a weekend or other time when it might not be accessible.

We recommend that each adult family member fill in this form. In the event of need, this can be an extremely helpful tool for family members, friends, ministers, and the funeral director. Additional forms are available from The Methodist Foundation for Arkansas, 501-664-8632.

The following is information regarding my desires concerning my eventual death.

Signed_____

Date _____

PLEASE NOTIFY

On the event of our death there are many people that need to be notified. Many of these are those we would assume may be unknown to our survivors. Please list names, addresses, and phone numbers of all persons who should be notified following your death:

- 1) _____ Phone- _____
- 2) _____ Phone- _____
- 3) _____ Phone- _____
- 4) _____ Phone- _____
- 5) _____ Phone- _____
- 6) _____ Phone- _____
- 7) _____ Phone- _____

Keep this information current and add pages as needed.

VITAL STATISTICS

The following information is needed for your obituary, death certificate, and for your survivors.

Full Name _____

Maiden Name _____

Address _____

_____ How long? _____

Social Security Number _____

Date of Birth _____ Birthplace _____

Occupation(s) _____

*Date of Retirement _____

*Full Name of Spouse _____

*Date of Marriage _____ Place _____

*Spouse's Address _____ Phone _____

*Veteran Serial Number _____

*Church Membership _____ at _____

*Fraternity of Sorority Membership _____

Father's Full Name _____

Father's Birthplace _____

Father's Date of Birth _____ Date of Death _____

Mother's full Name _____

Mother's Birthplace _____

Mother's Date of Birth _____ Date of Death _____

*Some information may not apply to you

SURVIVORS

Keep this list of surviving family members current. Put where they are living after “of”.

Father _____ of _____
Mother _____ of _____
Step-Father _____ of _____
Step-Mother _____ of _____

Children/Step-Children
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

Brothers/Step-Brothers
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

Sisters/Step-Sisters
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

Number of Grandchildren _____
Number of Great-Grandchildren _____
Number of Great-Great-Grandchildren _____

YOUR FUNERAL/MEMORIAL SERVICE

The following is an indication of wishes concerning your funeral/memorial service. You should indicate for your family and friends about which areas you have preferences:

For your funeral service, do you prefer: (Mark your preferences). Do you want your service at:

- 1. A funeral home? Yes/No
(Name of Funeral home) _____
- 2. Church? Yes/No
(Name and address of church) _____
- 3. Other _____

Officiating Minister _____

Contact information for Minister _____

Certain hymn(s) to be played or sung _____

Certain Organist / Musician _____

Special scripture, sacred writing, poetry, etc. to be read at your service _____

Do you want to be cremated? Yes/No. _____

If you are not being cremated, do you want the casket at the service? Yes/No

Funeral Pall – Yes/No (Remarks) _____

Eulogy by friend or family member – Yes/No (List names and contact information) _____

Congregational Participation (Hymn singing, Prayers, etc.) Yes/No/Remarks

Do you want flowers? Yes / No (Remarks) _____

Committal service before or after the service ___ before ___ after

Ashes/burial to take place _____

Additional comments about committal _____

Are you providing parts of your body for medical research? (If yes, please attach such information to this material) Yes/No (Remarks) _____

Are you donating any of your organs? Yes / No (If yes, please attach such information to this material) Yes/No (Remarks) _____

Would you request an autopsy? Yes/No (Remarks) _____

If you are being buried, do you have certain clothes you wish to wear? Yes/No (Remarks)

Would you like any other contents placed in the casket with you? Yes/No (Remarks)

Please list where you would like memorials to be donated on your behalf? _____

Have you selected a casket? Yes/No (Remarks) _____

Additional Comments: _____

YOUR FUNERAL SERVICE

Many details such as pallbearers, ushers, seating for special guests and other items can be a heavy burden for your survivors. Do you have preferences for:

Pallbearers/Honorary Pallbearers

_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____

Alternates

_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____
_____	Contact information _____

Do you have a seating request for special guests or groups? Yes/No (Remarks)

CEMETERY INSTRUCTIONS

I prefer the following disposition of my remains:

Earth Burial

Name of cemetery _____

Location _____

Do you own a plot? Yes/No If so, plot number _____

Section _____ Grave _____

Do you desire a vault for your casket? Yes/No

If so, do you desire metal/concrete? (Remarks) _____

Cremation

Have you pre-arranged your cremation with a funeral home? Yes/No (Remarks)

_____ Type of Urn _____

Niche _____

Do you want your ashes scattered? Yes/No Where _____

Mausoleum Entombment

Name of Mausoleum _____

Location _____

Section _____ Number _____

Memorial Tablet

Have you already purchased a Memorial Tablet? Yes/No

If so, where? _____

If not, what type would you prefer? _____

Is there any particular wording you prefer? Yes/No (Remarks) _____

FUNERAL EXPENSE INFORMATION

Social Security presently pays a portion of the burial costs for most persons who have paid Social Security. Also, many Veterans have a funeral benefit that will help with their funeral expenses. The funeral director will take care of these matters while making arrangements for your service.

Do you have a burial policy? Yes/No

If so, please provide the following information:

Policy Number _____

Company

LOCATION OF PERSONAL PAPERS

If you have a safe deposit box, someone other than you should have his or her name on the user's card. Should you pass away without having another's name on the card, it will take a court order to open the box. This will involve legal costs and a delay in taking care of necessary business.

Do you have a safe deposit box? Yes/No

If so, where? _____

Who, other than you, has the right to open the box? _____

Box No. _____

Where is the key? _____

Do you have a will? Yes/No

If so, who prepared your will? _____

of _____

Where can it be found following your death? _____

Who knows your password(s) for your computer? _____

MY LIVING WILL

To my family, my physician, my lawyer, my clergy person. To any medical facility in whose care I happen to be. To any individual who may be responsible for my health, welfare, or affairs:

Death is as much a reality as birth, growth, maturity, and old age – it is the one certainty of life. If the time comes when I, _____, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes while I am still of sound mind.

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain or to follow the instructions of _____ whom I appoint as my health care proxy to decide whether life-sustaining treatment should be withheld or withdrawn. This also is my will should I become permanently unconscious.

If the situation should arise in which there is no reasonable expectation of my recovery, I request that I be allowed to die and not be kept alive by artificial means or “heroic measures.” I do not fear death itself as much as the indignities of deterioration, dependence, and hopeless pain. I therefore ask that medication be mercifully administered to me to alleviate suffering, even though this may hasten the moment of death.

This request is made after careful consideration. I hope you who care for me will feel morally bound to allow its mandate. I recognize that this appears to place a heavy responsibility upon you, but it is with the intention of relieving you of such responsibility and of placing it upon myself in accordance with my strong conviction that is made in this statement.

Signed this _____ day of _____, 20 ____

Signature _____ Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____ Address _____

Witness _____ Address _____

Copies of this document have been filed with

“WHERE TO FIND” INFORMATION

At time of death, your survivors may have trouble finding or need to know of important documents.

Insurance Policies:

Type of Policy (Life, Cancer, Hospitalization)	Company and Address	No. of Policy	Where the Policy is located
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks and Bonds:

Type	Company and Address	ID #	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deeds & Titles:

Property	Location
_____	_____
_____	_____
_____	_____
_____	_____

Bank Accounts:

Type of Account (checking, savings, etc.)	ID number	Bank
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Documents

Type	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Important Papers:

Type	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Pertinent Information

I have named the church in my Will. ___yes ___no

If yes, _____ (name of church).

Church Contact: _____

Notes



Have questions or need more information about naming the church in your Will?

Since 1963, The Methodist Foundation for Arkansas has provided a way for faithful stewards to support Methodist ministries. By offering an array of financial services and opportunities, including estate planning resources, we empower Arkansas Methodist churches, individuals, and organizations to make a difference in the lives of others.

Our goal is to help extend the connection between faith and finances beyond our lifetime. The Foundation staff is available to help match this devotion with your churches' needs.

We can:

- Offer advice on giving methods and alternatives
- Assist in estate planning matters and serving as Executor.
- Serve as Trustee of permanent charitable funds benefiting any Methodist church, institution, or other ministries
- Serve as Trustee of life-income gift arrangements and revocable trusts
- Provide free access to resource material on estate planning including brochures, videos, workbooks, and an online will planning program

Please contact us or visit methodistfoundationAR.org for more information.

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