Preparing For Death



At the time of death, survivors of a loved one are filled with many and sometimes overwhelming emotions. By taking a few minutes to complete this pamphlet, you may help to make decisions easier during a difficult time.

St. Paul Lutheran Church & School

158 East Avenue

Hilton, NY 14468

585-392-4000

www.stpaulhilton.org



When Death Occurs:

It is important that the death of a member of the Church be reported as soon as possible to the Pastor(s) or the Church Office.

Please be sure that the arrangements for the funeral are made in consultation with the clergy. Day, time, place and other matters concerning the service cannot be finalized until the Senior Pastor or his designee has agreed.

Public death notices and newspaper obituary must wait until the clergy has approved the funeral date/time.

Funeral Directors are to provide a full disclosure of all professional services and costs, prior to the signing of a contract. While there may be a connection within a family or friends with a particular funeral home, it is wise to check with several before making a decision. Fees vary among Funeral Directors. Many funeral homes also offer preplanning options.

Those making the arrangements for themselves or others should feel free to ask questions about all professional services. Do not assume anything is included that is not specifically written in a contract. Ask what is included in basic fee, and what requires additional charges.

Usually professional services of the Funeral Director include:

∙ Transportation of the body from place of death

∙ Submission of Obituary to Newspaper (written with information supplied by the survivors) ∙ Preparation of the body for burial (embalming and/or cremation)

∙ Limited number of death certificates

∙ Some arrangements with the Cemetery for burial

What is included in a fee varies. Again, ask questions concerning what is included in the basic fee and what is an extra charge, such as:

∙ Transportation to Church and/or Cemetery

∙ Use of Funeral Home Chapel for calling hours and/or service

∙ Police escort

∙ Charge for additional copies of death certificate

∙ Donations/fees for the Church (Pastor, Organist, Soloist, etc.)

∙ Cars for family/survivors

∙ Transportation of flowers to Cemetery

Also note, fees vary between embalming and cremation and for different caskets or urns.

Instructions for My Family and Friends

Final directions and instructions upon the death of:

(Print complete name: Full, middle and maiden name.) Date

Keep this information where your survivors will find it easily at the time of your death. It is suggested that you keep a copy with the Church (St. Paul will keep this document for all members), a family member.

Address, City, State and Zip Code:

Birthdate: Place of Birth: Occupation:

Employer:

Social Security Number:

My will is located at:

It was last executed on (date):

My Executor/Executrix is:

Address: Phone Number: e-Mail Address:

Spouse/Partner (Complete Name):

Spouse/Partner Address, City, State and Zip Code: Phone Number: e-Mail Address:

FAMILY HISTORY

Father’s Full Name:

Check one: \_\_\_\_\_ Living \_\_\_\_\_ Deceased

Father’s Birth Date and Place of Birth:

Mother’s Full Name:

Check one: \_\_\_\_\_ Living \_\_\_\_\_ Deceased

Mother’s Birth Date and Place of Birth:

Name, Address, Phone and e-Mail Address of Living Brothers and Sisters:

**Notification Of My Death**

***(Note relationship in parenthesis)***

Name, Address, Phone and e-Mail Address of Family Members:

Name, Address, Phone and e-Mail Address of Friends and Associates:

Suggestions for My Remains and Burial

I prefer my remains to be: Buried

Cremated

Before the Funeral

After the Funeral

Donated to Medical Science: Give name of institution, whether

entire body or certain/limited parts are to be donated and the

location of the signed donor card.

My body is to be buried at (Name and Address of Cemetery):

OR

My ashes are to be (give specific directions):

I prefer the following Funeral Home to be used:

Prearrangements with this company: Have been made

Have not been made

I wish that my remains: Be viewed

Not be viewed

**Service Arrangements**

Circumstances permitting, I wish my Funeral or Memorial Service to take place at (Name, Address, Phone Number):

If possible, I would like the following scripture(s) to be used:

My Confirmation Verse is:

If possible, I would like the following hymn(s) used:

Participants in the Service: Note in what role they are to participate, possibly including soloist, organist, acolytes, choir, pall bearers)

If flowers are sent, I want them to be given to:

I would like to be made known that in lieu of flowers, I wish donations be given to (be specific as possible):

So that the work of Christ’s Church may continue in my name in the years and decades ahead, please include in my list that donations be given to St. Paul Lutheran Church & School of Hilton, NY.

Yes No

Other instructions for my survivors: (Be specific, possibly including how you want the headstone to be inscribed, Obituary notice)

Copies of this form are on file with the following: (include contact information)

This document relays my wishes:

Signature Date

In the future if changes are made to this form, please be sure to provide an updated copy to all those listed above including the date of the changes.