## **Declaration Regarding Final Arrangements for**

I wish to describe my desires and to facilitate the making of arrangements at the time of my death.

To the extend possible, I would like for the wishes described in this document to be adhered to. NOTIFICATION Contact the following persons immediately so that my clergy, \_\_\_\_\_ Clergy name and phone number may offer assistance and comfort to those persons. Name, relationship, and phone numbers: WILL A copy of my Last Will and Testament can be found: **FUNERAL HOME** be consulted in making the arrangements I desire that Funeral home/Director name and phone number requested in this document and modifying these arrangements as may be appropriate at the time of my death. TREATMENT OF BODY I desire that my body be immediately cremated, with ashes... □ Placed in a columbarium (a place for funeral urns to be stored) at:\_\_\_\_\_\_ □ Rather than a columbarium, I desire my cremains to be: **SERVICE** I desire that the following be held: □ A funeral service at: \_\_\_\_\_ □ A memorial service at: □ A visitation, with the body present, at: \_\_\_\_\_

| I would like the following musical selections to be perform  | ed:  |
|--|--|
| I  | Name of requested musician, if applicable: |
| 2  |  |
| 3  | -  |
| 4  | -  |
| 5  |  |
| READINGS I desire that Individual's name and phone number  | _ be asked to read the following:          |
| FLOWERS/MEMORIALS  □ I request that flowers be used at the discretion of family □ I request that memorials be made to the following organ          |  |
| PALLBEARERS I would like the following persons to serve as pallbearers.  |  |
| Names and phone numbers:   |  |
| I  |  |
| 2  |  |
| 3  |  |
| 4  |  |
| OTHER WISHES    I desire that visiting hours be arranged.   I do not want a head stone.   I request the following be inscribed on my head stone: _ |  |
| □ I would like an obituary (find details on pages 4—5) publ  | ished in                                   |

**MUSIC** 

| □ Other. I request the following:             |   |
|---|---|
|   |   |
|   |   |
|   | · · · · · · · · · · · · · · · · · · ·   |
|   | structions. I understand that this declaration is not legally made by my family or other appropriate person(s) based on |
| □ I have discussed these instructions with my | family or other appropriate person(s).  |
| Today's date:                                 |   |
| My name:                                      | Signature:  |
| My address:                                   |   |

## **BIOGRAPHICAL INFORMATION FOR AN OBITUARY**

| Full name:                                      |       | Picture attached? □Yes | ⊓ No |
|---|-------|------------------------|------|
| Date of birth:                                  |       |                        |      |
| Date of death:                                  |       |                        |      |
| Parent's names:                                 |       |                        |      |
| Grandparent's names:                            |       |                        |      |
| Survivor's names:                               |       |                        |      |
| If married, length of marriage:                 |       |                        |      |
| Children's names:                               |       |                        |      |
| Grandchildren, extended family, siblings, or o  |       |                        |      |
| Church affiliation and involvement:             |       |                        |      |
| Other community, civic, or charity affiliations |       |                        |      |
| Career (company and position):                  |       |                        |      |
| Name of high school, college, or other educa    | tion: |                        |      |
| Hobbies, interests, or activities:              |       |                        |      |

| Personal description of the individual:                     |
|---|
|   |
|   |
| Other:  |
|   |
|   |
|   |
| Type of service, time, and place; private or open:          |
| Visitation before and/or after the service, where and time: |
|   |
| Pallbearers or honorary one's names:                        |
|   |
| Thank you to caregivers, if applicable:                     |
| Flowers or memorials (made to):                             |

This document was prepared by

DAVIDSON UNITED METHODIST CHURCH

P.O. BOX 718 | 233 SOUTH MAIN STREET DAVIDSON, NC 28036 704-892-8277 | WWW.DAVIDSONUMC.ORG