Pre-Funeral Service Arrangements



Name

Date

Provided by:
Crestwood Christian Church
1882 Bellefonte Dr.
Lexington, KY 40503
(859) 266-0459
www.crestwoodchristian.org

For the purpose of relieving my survivors of the burden of making decisions and arrangements the occasion of my death, I herewith execute these instructions regarding my funeral service:				
Full Name:				
	Date of Birth:			
Father's Name:	Mother's Name:			
Last Occupation:				
	How Long:			
Area Resident since:				
Former Residence:				
Church Membership:				
Community Organizations/Profes	sional Societies:			
Military Service:	Rank/Branch:			
Marital Status:				
Marriage Date and Location:				
Children (Name and City/State; D	edeceased)			
Siblings (Name and City/State; D	=deceased)			

Arrangements

□ I have made pre-arrangements with	Funeral Home
□ I have not yet made funeral arrangements	
Service Location: Church Funeral Home Graveside of	nly
Burial or internment of remains to be at:	
Preferred Clergy:	
Preferred scripture(s):	
Other readings:	
I would like the Lord's Supper served: □ Yes □ No	
Other requests:	
<u>Music</u>	
Soloist:	
Organist:	
Instrumentalist:	
Congregational Hymns:	
Other service music:	
Pall Bearers (H-honorary):	
Flowers and Memor	<u>rials</u>
Preferred flowers:	
Preferred memorial contributions to:	
Other Instructions:	

Estate Planning Checklist

	I have a legally drawn will and it has been reviewed in the last five years.
	I have made an inventory of my personal property and assets.
	A living will or medical directive has been prepared.
	Life insurance beneficiary forms have been reviewed and updated.
	Beneficiary forms for tax-deferred savings programs have been reviewed and updated.
	Funeral pre-arrangements have been made.
	Family/friends know how to contact my professional advisors, such as attorneys, CPAs, etc.
	Family/friends know where to find financial records, insurance policies, bank accounts and safe
	deposit box.
	I have prepared and signed a power of attorney for personal care.
	I have prepared and signed a financial power of attorney.
	I have documented my wishes for organ donation.
	I have made plans to create a lasting legacy to benefit the causes of the church and other chari-
	ties most important to me.
_	ext of Kin (in case of emergency): cocation of Last Will and Testament and other important documents:
_	
E	xecutor and/or Attorney:
- In	surance Company:
N ₁	otify the following persons:
_	
Si	ignature: Date: