Your Final Journey: A Burial Planning Guide
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1. The Celebration of Your Baptism and Confirmation

Name given at Baptism: __________________________________________________________

Date of Baptism: ______________________________________________________________

Season in the Church Year of Baptism (i.e. Pentecost): _____________________________

Date of Confirmation: __________________________________________________________

Confirmation Verse: ___________________________________________________________
2.  **Personal Data (needed for death certificate, obituary, etc.)**

Full Legal Name:

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<th>Middle Name</th>
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<th>Suffix(Sr., Jr. II, etc.)</th>
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Other Names by which you may be known:

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Contact Information: ______________________________________________________

Sex: _______________________________________________________________________

Social Security Number: ____________________________________________________

Date of Birth: ______________________________________________________________

City and State of Birth: ____________________________________________________

Ethnic or Cultural Heritage: _______________________________________________

Maiden Name (if applicable): _______________________________________________

Mother’s Maiden Name and Place of Birth: _________________________________

Father’s Name and Place of Birth: ___________________________________________
Marital Status: _________________________________________________________

Name of Surviving Spouse: ______________________________________________

Wedding Date and Place: ________________________________________________

Military Service: _________________________________________________________
  Branch of Service: ______________________________________________________
  Name of War if applicable: ________________________________________
  Date when discharged: ___________________________________________
  Rank/Rate when discharged: ______________________________________

3. Other Personal Information/Identification Numbers

Driver’s License #/State: __________________________________________________

Visa #: _____________________________________________________________________

Passport#: _________________________________________________________________

Green Card #: ______________________________________________________________

Career

Occupation: __________________________

Current Employer and Phone Number: _________________________________

Education

Highest Level:  Elementary/Secondary  College  Graduate School

College/University Name: ________________________________________________

Year of Graduation: ____________________________________________________
1. **Your Surviving Children**

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<th>Last Name</th>
<th>Date of Birth</th>
<th>Contact Information (phone and E-mail)</th>
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2. **Your Surviving Grandchildren**

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3. **Other Surviving Relatives (brother, sisters, aunts, uncles, etc):**

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4. **Preceeded in Death by:**

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Record your final journey here to assist your pastor and family members in making the final arrangements and disposition you desire.

_____ I have a will

Location of Will: ____________________________________________________________

Executor of Will: ____________________________________________________________

Prepared By: ________________________________________________________________

_____ I do not have a will

_____ I have a prepaid funeral plan

Provider’s name, address, and phone number: ________________________________

Plan # or other identifier: ___________________________________________________

Location of documents: _____________________________________________________
1. **Arrangements should be made by (check all that apply):**

   _____ My spouse
       name:
       Phone number:

   _____ My parents
       name:
       Phone number:

   _____ My children
       name:
       Phone number:

   _____ A sibling
       name:
       Phone number:

   _____ Other
       name:
       Phone number:

2. **Preferred Funeral Home**
   *(if funeral home’s services are needed)*

   **Please check to ensure that your state allows for a funeral to be facilitated without a licensed funeral director. As of 2012, the list of states that require families to use a licensed funeral director are as follows: CT, IA, IL, IN, LA, MI, NE, NJ, and NY.**

   Name: ___________________________________________________________

   Address: _________________________________________________________

   Phone: _________________________________________________________

   Web address: ___________________________________________________
3. How I Want My Body Prepared (Check all that apply)

______ Washed
______ Anointed
______ Makeup applied
______ Hair washed

4. How I Want My Body Preserved (Check all the apply)

______ Dry Ice
______ Techni-ice or ice packs
______ Refrigeration
______ Chemical embalming
______ Non-toxic embalming
______ Body parts to be donated

________ Eyes
________ Heart Valves
________ Veins
________ Kidneys
________ Small Bowel
________ Heart

________ Skin
________ Bone
________ Tendons
________ Liver
________ Pancreas
________ Lungs
5. Donation of Bodily Remains

I have registered to donate my body/organs to: ______________________________

They will return my remains (ashes), which should be:

_____ interred in mausoleum

_____ interred in burial plot

_____ retained by the family

_____ other (please explain): ________________________________

6. Clothing Preference

_____ no clothing/shroud only

_____ clothing (specify): ________________________________

_____ jewelry

_____ remains with body

_____ return to:

_____ eye glasses

_____ remains with body

_____ return to:
7. Viewing/Visitation Preferences

_____ only by family privately

_____ only prior to the funeral service

Visitation/Viewing

_____ at home of the deceased

_____ at the funeral home

_____ at the church

_____ other (please explain): ______________________________

8. Funeral Service Items

Flower preferences: ________________________________

Donation suggestion (In lieu of flowers): __________________

Reception: _____ no  _____ yes

location & description: ________________________________
1. **Congregation Membership**

   Congregation where I am a Member: ________________________________________

   Address: __________________________________________________________________

   Phone Number: __________________________________________________________________

   Pastor(s) of the Congregation: ___________________________________________

2. **Funeral Service Preference**

   _____ funeral ceremony at place of worship (location):

   _____ funeral ceremony at funeral home (location):

   _____ funeral ceremony at home (location):
3. **Funeral Service Presiding Liturgist and/or Preacher (Clergy)**

First Choice: _______________________    Phone # ________________

Second Choice: _____________________   Phone # ________________

4. **Funeral Service**

For an LCMS Lutheran, the funeral service would normally follow the Rite in Lutheran Service Book, pp. 278-281. Additional resources for the funeral service are available in the Lutheran Service Book Agenda, pp. 83–153. Your pastor should have a copy of the Agenda.

Celebration of the Lord's Supper

_____ Yes       ______ No

Other Elements you would like to consider for inclusion in the Service:

____________________________________________________________________

____________________________________________________________________
5. **Readings From Scripture**

Scripture passages chosen for the service should reflect the confession of your baptismal life. They should bear witness to your story as a child of God as it is surrounded by the story of God, your Father, rescuing you from sin, and death through the life and resurrection of the Son of God. The readings chosen should reflect your life lived as one redeemed by Christ the Crucified.

Preferred Readings or Biblical Stories:

_____________________________________________________________________

_____________________________________________________________________

Preferred Psalm(s):

_____________________________________________________________________

_____________________________________________________________________

The LSB Agenda provides a comprehensive list of readings that can be used in the funeral service on pages 143-147. Key passages which reflect the creation and salvation baptismal narrative by which you are a child of God include:

Psalms 23; 25:1-5; 15-20; 42; 65:1-8; 118:1-21; 121; 130


Your Choices:

Old Testament Reading: ______________________________________________

Second Reading: _____________________________________________________

Gospel Reading: _____________________________________________________
6. Readers

Name: _______________________  Phone: ________________________
Name: _______________________  Phone: ________________________
Name: _______________________  Phone: ________________________

7. Hymns

Hymns chosen for the service also should bear witness to God the Father, the Creator of your life, His Son, the Lord Jesus Christ, who is your life now and through death, and the Holy Spirit, who will breathe new life into your body on the day of your resurrection. The hymns should allow for your own personal confession of faith (can reflect hymns of importance to you throughout your life) and also reflect upon God who is your life and salvation.

The LSB Agenda provides a comprehensive list of suggested hymns that can be used in the funeral service on pages 146-47. Highlighted hymns include:

- #461  I Know that My Redeemer Lives
- #490  Jesus Lives! The Victory’s Won
- #607  From Depths of Woe I Cry to Thee
- #676  Behold a Host, Arrayed in White
- #677  For All the Saints
- #708  Lord, Thee I Love with All My Heart
- #710  The Lord’s My Shepherd, I’ll Not Want
- #755  In the Very Midst of Life
- #938  In Peace and Joy I Now Depart

Preferred Hymns: ____________________________________________________

_______________________________________________________________________

Your Choices:

Entrance Hymn: ______________________________________________________

Hymn of the Day: _____________________________________________________

Sending Hymn: ________________________________________________________
8. **Participation of Choir**

______ yes        ______ no

If yes, preferences for a choral music: ________________________________

____________________________________________________________________

Soloist (name & contact information) ________________________________

____________________________________________________________________

Other instrumental options:_______________________________

____________________________________________________________________

9. **Pallbearer Suggestions**

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Your Final Journey: A Burial Planning Guide 17
Disposition of the Body

1. Desire for Disposition/Internment
   _____ flame-based cremation w/container
   _____ urn
   _____ bio-degradable urn or product
   _____ flame-based cremation w/out container
   _____ alkaline hydrolysis cremation
   _____ choose a cremation technology that recycles medical parts
   _____ traditional casket (non bio-degradable)
      _____ wood
      _____ metal
____ natural burial
  ____ casket (a traditional rectangular box)
  ____ coffin (a six or eight-sided container)
____ types of natural burial casket or coffin
  ____ cardboard
  ____ woven fiber
  ____ soft wood (pine, etc.)
____ shroud w/out coffin or casket
____ shroud w/coffin or casket

2. **Burial Options**

____ ground burial traditional
  ____ I have a purchased plot (specify cemetery and plot #)
  ____ I would like to be buried on my property (location provided)

____ ground burial natural
  ____ I have a purchased plot (specify cemetery and plot #)
  ____ I would like to be buried on my property (location provided)
  (**interment on personal property is regulated by state and local ordinances. please check with your state and local authorities.**)

____ natural burial ground within 500 miles of my home
____ natural burial ground within 100 miles of my home
_____ interred in a national cemetery (eligible veterans, and eligible family members)

_____ interred in a mausoleum (specify)

_____ I have a purchased crypt (specify location and #)

_____ cremation remains

  _____ interred in mausoleum

  _____ interred in burial plot

  _____ other

3. **Marker or Headstone Preference**

_____ Headstone (specify type)

  _____ Monument

  _____ Bronze Plaque on Granite Base

  _____ Bronze Plaque

  _____ Granite Plaque

Inscriptions desired: _________________________________________________

  _____ tree as marker

  _____ rock as marker

Inscriptions desired: _________________________________________________

  _____ wildflowers or native plants planted on grave instead of a marker

  _____ no marker on top of grave

  _____ other (explain) ___________________________________________
4. **Obituary: Thoughts for Possible Inclusion**

Examples of obituaries can be found in the *LSB Agenda* on pp. 148-49.

_____ newspaper (list which newspapers): ________________________________

_____ online

Hobbies and/or personal interests: ________________________________

____________________________________________________________________________

Membership in organizations: ________________________________

____________________________________________________________________________

____________________________________________________________________________

Special recognitions and/or achievements: ________________________________

____________________________________________________________________________

Other information: ________________________________

____________________________________________________________________________
1. Unique Wishes and Directives

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
2. **Good Samaritans**

This is where you list your closest friends in the event your family needs help at the time of death. They can help with the following items: 1-Notifying friends and family, 2-Handling phone calls on behalf of family, 3-Running errands, 4- Helping out of town guests, 5-Helping with caring for the body.

Name: ____________________________  Phone: ________________
Name: ____________________________  Phone: ________________
Name: ____________________________  Phone: ________________
Name: ____________________________  Phone: ________________
Name: ____________________________  Phone: ________________

For the purpose of relieving my family in the event of need, the preceding arrangements are my personal wishes and desires.
3. A Note to My Loved Ones:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

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______________________________________________________________________

Signature: ___________________________________________

Date: ________________________