

Your Final Journey: A Burial Planning Guide

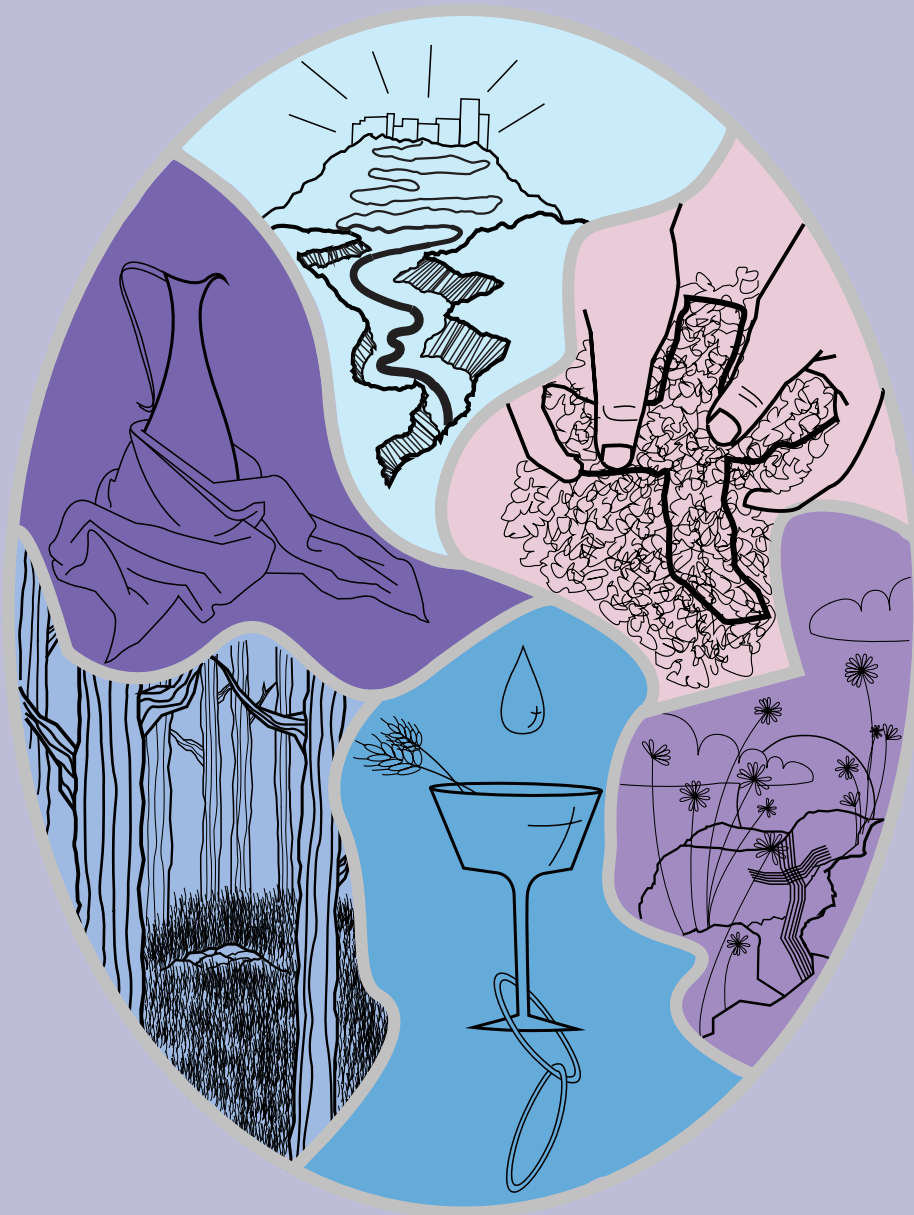


Table of Contents

My Personal Information

<i>The Celebration of Your Baptism and Confirmation</i>	02
<i>Personal Data</i>	03
<i>Other Personal Information/Identification Numbers</i>	04

Genealogy/Family History

<i>Your Surviving Children</i>	05
<i>Your Surviving Grandchildren</i>	06
<i>Other Surviving Relatives</i>	06
<i>Preceded in Death by</i>	07

My Funeral Plans

<i>Arrangements Should Be Made by</i>	09
<i>Preferred Funeral Home</i>	09
<i>How I Want My Body Prepared</i>	10
<i>How I Want My Body Preserved</i>	10
<i>Donation of Bodily Remains</i>	11
<i>Clothing Preference</i>	11
<i>Viewing/Visitation Preferences</i>	12
<i>Funeral Service Items</i>	12

My Church Plans

<i>Congregation Membership</i>	13
<i>Funeral Service Preference</i>	13
<i>Funeral Service Presiding Liturgist and/or Preacher (Clergy)</i>	14
<i>Funeral Service</i>	14
<i>Readings From Scripture</i>	15
<i>Readers</i>	16
<i>Hymns</i>	17
<i>Pallbearer Suggestions</i>	19

Disposition of the Body

<i>Desire for Disposition/Internment</i>	18
<i>Burial Options</i>	19
<i>Marker or Headstone Preference</i>	20
<i>Obituary: Thoughts for Possible Inclusion</i>	21

Final Plans & Wishes

<i>Unique Wishes and Directives</i>	22
<i>Good Samaritans</i>	23
<i>A Note to My Loved Ones</i>	24



My Personal Information

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:

First Name	Middle Name	Last Name	Suffix(Sr., Jr. II, etc.)

Other Names by which you may be known:

First Name	Middle Name	Last Name	Suffix(Sr., Jr. II, etc.)

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: _____



Genealogy/Family History

1. Your Surviving Children

First Name	Middle Name	Last Name	Date of Birth	Contact Information (phone and E-mail)

2. Your Surviving Grandchildren

First Name	Middle Name	Last Name	Date of Birth	Contact Information (phone and E-mail)

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

First Name	Middle Name	Last Name	Date of Birth	Contact Information (phone and E-mail)

4. Preceded in Death by:

First Name	Middle Name	Last Name	Relationship	Date of Birth	Date of Death



My Funeral Plans

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: _____



My Church Plans

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):

- private funeral
- public funeral
- open casket
 - before funeral
 - after funeral
- closed casket
 - before funeral
 - after funeral

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

Old Testament Readings: Job 19:21-27, Isaiah 25:6-9, Isaiah 61:1-3,10;
Lamentations 3:22-33

Second Readings: Romans 8:31-39; 1 Corinthians 15:20-26;
1 Corinthians 15:51-57; 1 Thessalonians 4:13-18; 1 Peter 1:3-9;
1 John 3:1-2, Revelation 7:9-17, Revelation 14:13, Revelation 21:1-7

Gospel Readings: Matthew 5:1-12, Mark 10:13-16, Luke 2:25-32,
John 5:24-30, John 6:27-40, John 10:11-16, John 14:1-6

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

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____



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: _____



Final Plans & Wishes

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: _____

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:

Signature: _____

Date: _____

