



Finding direction by following Jesus.

MY WISHES REGARDING MY MEMORIAL SERVICE

1. Name _____
2. If my physician feels it would be beneficial to perform an autopsy, I give my permission.
Yes _____ No _____
3. Preferred Funeral Home: _____
4. Please check one of the following:
 I wish to have my body buried.
 I wish to be cremated.
 If possible, I wish to have my body donated to medical science, and I request my physician and my family to choose a medical school for use of my body, or my choice of a medical school is: _____
 I wish my usable organs to be donated as follows: _____
5. If you wish to be cremated and your ashes are not to be preserved in a niche, how do you wish disposal of your ashes? _____
6. Please check one of the following if you do not wish cremation:
 It is my wish that my body not be available for viewing.
 It is my wish that my body be available for viewing.
 It is my wish that my body be available for viewing by family only.
7. Please check one of the following for the location of your funeral or memorial service:
 I wish a service at Second Presbyterian Church.
 I wish a service at the funeral home.
 I wish a service only at the place of interment.
8. Please check one of the following regarding the presence or absence of my body/ashes at a service of worship:
 I wish a funeral service with my body or ashes present, followed by interment.
 I wish a memorial service following interment of my body or ashes.
 I prefer a memorial service prior to interment of my body or ashes.
(The body or ashes are not present in a memorial service.)
9. If possible, I would like to have the following persons serve as Pall Bearers at my funeral or memorial service:

10. I wish to have the Pall used to cover my casket during the service.

MY WISHES REGARDING MY MEMORIAL SERVICE

11. Please check one of the following regarding flowers:

_____ I wish only simple flower arrangements as approved by the church.

_____ I wish to have no flowers.

12. I wish to have the following verses of scripture read by the minister:

13. In addition to verses of scripture, I would like to have certain literary selections used at my service, if judged appropriate by the minister. A copy is attached to this document. _____

14. I would like to have the following hymns sung by the congregation:

15. If possible, I would like to have special choral music at my service. My wishes for special music:

16. For the Prelude, I would like the organist to play:

17. For the Postlude, I would like the organist to play:

18. Other special requests or wishes: _____

19. Location of Burial Plot or Niche for ashes: _____

20. _____ I wish only loved ones and close friends at my interment.

21. If memorial gifts are given, I would like for them to go to: _____

22. _____ I would like to receive information regarding the purchase of a Niche for the preservation of my ashes in the Columbarium at Second Presbyterian Church.

23. _____ I would like to receive information regarding a Living Will.

Date

Signature

Two copies of this document will be sent to you. One should be kept with your own important documents; the other returned to the office of Second Presbyterian Church (214 Mountain Ave., SW; Roanoke, VA 24016).