

End of Life Wishes

Confidential

Date _____ Last Name _____

The following are preferences that I have at this time concerning my death. These are intended to serve as guides for my survivors. I make these statements realizing that they are not legally binding. This form will be kept in a confidential church file and may be changed any time I wish. Should I move my membership to another church, this form will be forwarded along with my letter of dismissal.

Full Name _____

Address _____

City / State / Zip _____

Date of Birth _____ Place of Birth _____

Names and contact info (address, phone, email) of children and/or immediate survivors not living with me:

Location of a copy of my will _____

Location of my insurance policies _____

I (___am) (___am not) a Veteran.

1. At my death, if medical personnel request permission to do an autopsy of my body for medical purposes, I would like for my survivors to:

_____ agree to the autopsy _____ oppose the autopsy.

2. I would like for my funeral arrangements to be handled by _____

_____ Funeral Home of _____.

3. I would like to be buried at _____.

I (___do) (___do not) own my plot there.

4. I would like for memorial gifts of money to be given to

_____.

I would like this to be done in lieu of flowers _____

5. Other comments concerning my casket, burial clothing, etc.

6. I (___would) (___would not) like for my survivors to have my body cremated, and the ashes (___buried) (___scattered) at _____

_____.

7. At my memorial service, I would like to have:

a) these Scriptures passages read:

b) these hymns sung:

c) ___ no preference. Let the pastor and my survivors select them.

d) Other

8. I (___have) (___have not) shared the above information with my spouse or immediate survivors.

9. Other wishes concerning my death: (i.e. donation of organs, body, etc.)

**Please return this form to:
Westminster Presbyterian Church
3639 Old Chapel Hill Road • Durham NC 27707
(919) 489-4974 • Fax # (919) 493-4553**