

# PERSONAL PLANNING GUIDE

## (Life Planning Part II)

Central United Methodist, Florence, SC

Revised October, 2005

To ensure that your wishes are carried out, copy the first three sections for a family member, the church and funeral home. The church and funeral home will place the information on file until it is needed. *The fourth and final section is confidential; make one copy and give it to the person who will handle your business affairs.* Distribute all copies as soon as the form is completed, and review the form periodically. Keep a copy with your important papers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**(For office use only).**

Date of death: \_\_\_\_\_ Age: \_\_\_\_\_

Funeral \_\_ Memorial \_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Burial date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Traditional burial \_\_\_\_ Cremation \_\_\_\_ Anatomical Gift \_\_\_\_\_

Time of private meeting with pastor and family: \_\_\_\_\_

Family will receive at cemetery \_\_\_\_ commons area \_\_\_\_ other \_\_\_\_\_

Family requests assistance with church reception \_\_\_\_ or catered meal \_\_\_\_\_

Notify Sunday school class or Circle to sit as a group: \_\_\_\_\_

Notify the following person about memorials made to the church: (name and address)

\_\_\_\_\_  
-----  
-----

### SECTION I: INFORMATION NEEDED BEFORE OR AT DEATH

(Make 1 copy each for family, minister and funeral home).

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Living Will location: \_\_\_\_\_

Health Care Power of Attorney document location: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

I choose to donate these organs: \_\_\_\_\_

Donor card location: \_\_\_\_\_

I choose to donate my whole body for scientific study to: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of paperwork: \_\_\_\_\_

I choose to have cremated remains returned to: \_\_\_\_\_

Physician to be notified at time of death: \_\_\_\_\_ Phone: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cemetery: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family, friends and business associates to be notified: (include phone numbers)  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II: INFORMATION NEEDED AT TIME OF DEATH**

(Supply as much information as you can; family will complete later.)

**FUNERAL AND BURIAL INFORMATION**

The funeral should reflect an attitude of praise and witness. It can be found on pages 870-875 in the hymnal. Please refrain from requests for the service which may be impractical and difficult to fulfill. Audio recordings are made of all funeral services and copies are available through the church office at no cost.

**Funeral Home arrangements made with:** \_\_\_\_\_

Amount of pre-payment: \_\_\_\_\_

Arrangements have not been made, but I would prefer the following type:

Least expensive: \_\_\_\_\_ Mid-range: \_\_\_\_\_ Elaborate: \_\_\_\_\_

**Cemetery arrangements made with this cemetery:** \_\_\_\_\_

Amount of pre-payment: \_\_\_\_\_

Arrangements have not been made, but I prefer the following burial:

Plot \_\_\_ Mausoleum \_\_\_ Veterans Cemetery \_\_\_ other \_\_\_\_\_

**Pallbearers:** (name 6-8 and give phone numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honorary Pallbearers:** (individuals or groups and phone numbers)

\_\_\_\_\_  
\_\_\_\_\_

**Memorials may be sent to:** \_\_\_\_\_

**Please notify:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Special seating:**

Name groups: \_\_\_\_\_ Notify: \_\_\_\_\_  
\_\_\_\_\_ Notify: \_\_\_\_\_

Individuals to sit with family: (they must be notified by family)

\_\_\_\_\_  
\_\_\_\_\_

**Embalming/Cremation:**

I choose to be embalmed (required for open casket or burial 24 hours after death):

Yes \_\_\_\_\_ no \_\_\_\_\_

I choose to be cremated: yes \_\_\_\_\_ no \_\_\_\_\_

Visitation prior to cremation: yes \_\_\_\_\_ no \_\_\_\_\_ (inquire about casket rental)

Cremation prior to service: yes \_\_\_\_\_ no \_\_\_\_\_

Cremains given to (next of kin): \_\_\_\_\_

Container selected or preferred: \_\_\_\_\_

Disposition of cremains:

burial \_\_ entombment \_\_ scattering \_\_ retained at home \_\_

cremains retained by \_\_\_\_\_

place to scatter \_\_\_\_\_

by whom \_\_\_\_\_

**Casket and Vault:**

Type of casket selected or preferred: wood \_\_ metal \_\_ other \_\_\_\_\_

Type of vault/liner preferred: least expensive \_\_ mid-range \_\_ most expensive \_\_\_\_\_

**Visitation:**

Desire visitation: yes \_\_ no \_\_ Location preferred: \_\_\_\_\_

Prefer casket to be open: yes \_\_ no \_\_

**Casket covering: (choose one)**

spray \_\_\_\_\_ or pall\* \_\_\_\_\_ (purple or white) or American Flag \_\_\_\_\_

(\*Pall: large cloth decorated with a cross which drapes over the casket, indicating the equality of all before God.) *Flowers are never placed upon it; it may not be taken from the church.* The pall may be used at the church and flowers used at the funeral home beforehand and the cemetery afterward. When a flag is used, it is supplied by the funeral home; it may be presented folded, instead of being draped over the casket.

**Flowers: describe the type and color of flowers, as well as the florist you prefer.**

Type: \_\_\_\_\_

Color: \_\_\_\_\_

Florist: \_\_\_\_\_

Flowers for home door: from florist \_\_\_\_\_ or from funeral home \_\_\_\_\_ (fee for either)

Any special requests of florist \_\_\_\_\_

*Order flowers as soon as possible to allow time for delivery prior to visitation.*

Flowers for the service: (choose from category 1 or 2)

1. Select flowers for church from those sent to funeral home
  - Place one on either side of the casket or
  - Place one on each of the two tables near pulpit or
  - Place arrangement of less than 14" on altar table
  
2. Order flowers from florist; do not use ones from funeral home.
  - One arrangement for altar table (less than 14")
  - Two for the tables flanking the pastors chairs

No flowers or plants may be placed on divider in front of choir or any place where they may interfere with organist. Protective material must be placed under any plants. *The altar table and baptismal font may not be removed, nor view of the cross obstructed.*

**Music selections and service participants:**

The Music Director will be pleased to offer guidance in selecting music which is appropriate for the individual and circumstance. He will also assist with providing soloists, instrumentalists, acolytes and crucifers if requested. *A Central organist will provide organ music. Music which is secular or pre-recorded is not permitted.*

Categories of music for the service:

Processional and recessional hymns, congregational hymns, organ interludes, vocal solos and ensembles, instrumental solos and ensembles.

Suggestions from the United Methodist Hymnal:

- Now Thank We All Our God (102) - thanksgiving for long, prosperous life
- The Hymn of Promise (707) - for a sudden, tragic, or untimely death
- Lord Speak to Me (463) - for teachers
- God of the Ages (698) - for military service
- For the Beauty of the Earth (92) - for motherhood, parenting

Your Selections of Music, Acolyte and Crucifer:

Procession \_\_\_\_\_ Recession \_\_\_\_\_  
Congregational hymn(s) \_\_\_\_\_  
Soloist(s) and ensemble \_\_\_\_\_  
Instrumentalist(s) and ensembles \_\_\_\_\_  
Acolyte \_\_\_\_\_ Crucifer \_\_\_\_\_  
Other \_\_\_\_\_

**Information for the pastor:**

Family may request a private meeting with the pastor prior to the funeral service.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scripture

The ministers can guide you in selecting scriptures such as: **(circle choices)**

Old Testament:

Job 19:23-27, Isaiah 25:6-9, Isaiah 61:1-3, Lamentations 3:22-26 and 22:31-33

Psalms: 23, 42, 46, 90, 118, 121, 131, 143

New Testament:

Romans 5:1-11, Romans 5:17-21, Romans 8:31-39, 1 Corinthians 15:12-26

Gospel:

Matthew 11: 25-30, Matthew 25:1-13, Luke 12:35-40, John 5:24-29,

John 6:21-27, John 6:31-40, John 14:1-6

Personal Message to pastor for your funeral:

---

---

Information for funeral program:

A program will be provided by the church; *information is needed immediately*. You have previously listed scripture, music, pallbearers, etc.; the following may be added:

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Years married: \_\_\_\_\_

Immediate family: (parents, spouse, children)

---

---

---

**Fees:**

There are no fees for the use of the sanctuary, or the participation of ministers, or organists. Other musicians or soloists each charge a fee of \$100, unless otherwise indicated. When a funeral is held outside the church, there is a fee of \$100 for the organist. Checks for participants may be made in advance and given to the organist for distribution. Honoraria or gifts to the church in honor of clergy or organist may be made at the discretion of the family. *However, it is emphasized that these donations are not required nor expected.*

**Lot and grave number:** \_\_\_\_\_ Number of spaces in group: \_\_\_\_\_

Where is the deed located? \_\_\_\_\_

**Personal requests to family and funeral director:**

Personal hairdresser: \_\_\_\_\_ Home phone: \_\_\_\_\_

Burial clothing: \_\_\_\_\_

Jewelry to be worn (when family present): \_\_\_\_\_

Jewelry to be removed by family prior to burial: yes\_\_ no\_\_

Wish to have glasses in place for visitation: yes\_\_ no\_\_

Glasses to be removed by family prior to burial yes\_\_ no\_\_

Wish to have the following mementoes buried with me:

\_\_\_\_\_

**Funeral location and participants:**

Sanctuary \_\_ chapel \_\_ graveside \_\_ other \_\_\_\_\_

Type of service: traditional \_\_ memorial\_\_ cremation \_\_ other \_\_\_\_\_

Family should consult with minister about the following:

Guest minister to assist: \_\_\_\_\_ phone: \_\_\_\_\_

Eulogist: \_\_\_\_\_ phone: \_\_\_\_\_

(Ask eulogist to contact Central minister day before funeral.)

**Request to have the following participants in the service:**

Crucifer: \_\_\_\_\_ phone: \_\_\_\_\_

Acolyte: \_\_\_\_\_ phone: \_\_\_\_\_

Vocalist: \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

Instrumentalist: \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

Ensemble: \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_ phone: \_\_\_\_\_

(Ask the Music Director to schedule these participants).

**Post-service reception or meal:**

The church will provide coffee and tea at no cost for a reception at the church after a funeral. If a catered meal at the church is desired, the family is responsible for making arrangements and bearing all costs. Assistance will be provided by the Business Administrator or pastor.

Request reception \_\_\_\_ Request catered meal \_\_\_\_ (choose one)

Time \_\_\_\_\_ Location \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III: BIOGRAPHICAL INFORMATION FOR OBITUARY**

(Make 1 copy each for family, minister and funeral home)

*Obituary information is needed immediately to meet newspaper deadlines (7 pm for Morning News, 4 pm for Post and Courier and State Newspaper). The funeral home alone may submit the obituary, and there is a charge for one which is more than very basic and brief. Obituaries prepared by yourself or the family must be typed. You may prepare yours and attach a copy to this form.*

Full name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Length of residence: (optional) \_\_\_\_\_

Previous place of residence: (optional) \_\_\_\_\_

Birth date, city, county, state, country: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Deceased? \_\_\_\_\_

Names of previous spouse: (optional) \_\_\_\_\_ Deceased? \_\_\_\_\_

Father's full name: \_\_\_\_\_ Deceased? \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Deceased? \_\_\_\_\_

Immediate family surviving: \_\_\_\_\_

Deceased immediate family: \_\_\_\_\_

Your present or previous occupation or title: \_\_\_\_\_

Employer: \_\_\_\_\_

Other work information: \_\_\_\_\_

Military service: (branch, rank, outfit, commendations, organizations)

Education: (schools, degrees, honors) \_\_\_\_\_

Church positions and activities: \_\_\_\_\_

Professional and fraternal organizations: \_\_\_\_\_

Local, state and national associations: \_\_\_\_\_

Other achievements, awards, honors, offices: \_\_\_\_\_

Memorials may be made to: \_\_\_\_\_

Contact name and address of family: \_\_\_\_\_

***MAKE 1 COPY EACH OF PAGES 18-24 for family, minister and funeral director.***

**SECTION IV: CONFIDENTIAL BUSINESS INFORMATION**

*(Make one copy for person who will handle business affairs).*

Location of original will: \_\_\_\_\_

Personal representative/executor: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Safe deposit box bank: \_\_\_\_\_

Location of key: \_\_\_\_\_

Person with legal access to box: \_\_\_\_\_ Phone: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of personal safe, if any: \_\_\_\_\_

Combination or location of key: \_\_\_\_\_

Person who has access: \_\_\_\_\_ Phone: \_\_\_\_\_

Contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Stock broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance policies: (life, accident, health and property)

**Company:      Agent:      Phone:      Policy #:      Beneficiary:      Amount:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Real estate owned:

Property location:

Mortgage:

---

---

---

---

---

---

---

---

---

---

---

---

Credit cards and charge accounts to be settled and cancelled:

---

---

---

---

---

---

---

---

---

---

---

---

Other debt categories and amounts:

---

---

---

Other financial information:

---

---

---

---

***MAKE ONE COPY ONLY OF SECTION IV (PAGES 25-27) FOR PERSON WHO WILL HANDLE YOUR BUSINESS AFFAIRS.***

**DISPOSITON OF PERSONAL PROPERTY**

Make a list of items of real or sentimental value such as jewelry, furniture, collections, etc., and name the person designated to receive the property. Continue the list on back if necessary. Sign and date the list and attach it to your will. It is best to discuss your wishes for the disposition of personal property with the recipients before your death.

Item:

Recipient:

Lined area for listing items and recipients, consisting of multiple horizontal lines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***ADDITIONAL COPIES OF THE ENTIRE PERSONAL PLANNING GUIDE ARE AVAILABLE IN THE CHURCH OFFICE.***