ESTATE PLANNING CHECKLIST

- I have a legally drawn will and it has been reviewed in the last five years.
- I have made an inventory of my personal property and assets.
- A living will or medical directive has been prepared.
- Life insurance beneficiary forms have been reviewed and updated.
- Beneficiary forms for tax-deferred savings programs have been reviewed and updated.
- Funeral pre-arrangements have been made.
- Family/friends know how to contact my professional advisors, such as attorneys, CPAs, etc.
- Family/friends know where to find financial records, insurance policies, bank accounts and safe deposit box.
- I have prepared and signed a power of attorney for personal care.
- I have prepared and signed a financial power of attorney.
- I have documented my wishes for organ donation.
- I have made plans to create a lasting legacy through a named permanent fund at the Christian Church Foundation to benefit the causes of the church and other charities most important to me.

For more information, contact:
Christian Church Foundation
1099 N. Meridian Street
P.O. Box 1986
Indianapolis, IN 46206-1986
(800) 668-8016
www.christianchurchfoundation.org

Pre-Funeral Service Arrangements

Name

Date

CHRISTIAN CHURCH FOUNDATION
Helping Disciples Make a Difference
For the purpose of relieving my survivors of the burden of making decisions and arrangements on the occasion of my death, I herewith execute these instructions regarding my funeral service:

Full name: ____________________________________________
Residence: ____________________________________________
Age: __________ Date of Birth: __________
Place of Birth: ________________________________________
Father’s Name: ________________________________________
Mother’s Name: ________________________________________
Last Occupation: _______________________________________
Employed By: _________________________________________
How Long: ___________________________________________
Area Resident Since: __________________________________
Former Residence: ____________________________________
Church Membership: ________________________________
Community/Organizations/Professional Societies: ________________________________
__________________________________________________________________________

Military Service: ______ Rank: ______ Branch: ______
Marital Status
___ Single  ___ Married  ___ Widowed  ___ Divorced
Spouse’s Name: ________________________________________
Marriage Date: ________________________________________
Children (Name & City/State) D-deceased
__________________________________________________________________________
__________________________________________________________________________
Siblings (Name & City/State) D-deceased
__________________________________________________________________________

ARRANGEMENTS:
☐ I have made pre-arrangements with _______________________ Funeral Home
☐ I have not yet made funeral arrangements

Service Location:
☐ Church  ☐ Funeral Home  ☐ Graveside only

Burial or interment of cremains to be at: ________________________________

Preferred Clergy: ____________________________________________

Preferred Time of Service:
☐ Morning  ☐ Afternoon  ☐ Evening

PREFERRED MUSIC
Soloist: ____________________________________________
Organist: ____________________________________________
Instrumentalist: _______________________________________
Congregational Hymns: _______________________________
Service Music: _______________________________________

FLOWERS AND MEMORIALS
Preferred flowers: _______________________________________
Preferred memorial contributions to: __________________________

COMMUNION
I would like Lord’s Supper served  Yes / No
Preferred Scripture: _______________________________
Poetry: ___________________________________________
Prose: __________________________________________

Other Requests:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

OTHER PARTICIPANTS:
Casket/Pall Bearers:____________________________________
__________________________________________________________________________
__________________________________________________________________________
Honorary Pall Bearers:____________________________________
__________________________________________________________________________
__________________________________________________________________________

Other Instructions:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________