



**Section 1 Life Directives/Living Will**

I have prepared a life directive and/or living will Yes \_\_\_\_\_ No \_\_\_\_\_

A copy of my life directive/living will is located at \_\_\_\_\_

Each person is encouraged to prepare a life directive/living will and to discuss this with your family. If you would like help with completing this, please contact our pastors.

**Section 2 Funeral or Memorial Service Preferences**

If you want your funeral in Columbus, we encourage you to consider using the church building for the viewing, the funeral or memorial service, or any other arrangements you might prefer.

Visitation: at CMC \_\_\_\_\_ another church (specify) \_\_\_\_\_ at funeral home \_\_\_\_\_

I prefer: open casket \_\_\_\_\_ closed casket \_\_\_\_\_ no casket \_\_\_\_\_

I prefer: burial followed by a memorial service \_\_\_\_\_ a funeral service followed by burial \_\_\_\_\_

I would like a fellowship meal at the church: Yes \_\_\_\_\_ No \_\_\_\_\_

These scriptures are meaningful to me: \_\_\_\_\_

\_\_\_\_\_

These hymns or songs are some of my favorites (if not included in *Hymnal: A Worship Book*, please attach a copy of the song):

\_\_\_\_\_

\_\_\_\_\_

If possible, I would like the following special music (hymns/songs and persons you might wish to sing/play this music; if possible, please attach a copy of the music or song):

\_\_\_\_\_

If possible, I would like the following poems/readings used in the service or worship bulletin (please attach a copy):

\_\_\_\_\_

If possible, I would like the following people to assist in the service: \_\_\_\_\_

\_\_\_\_\_

If possible, I would like the following banner used: \_\_\_\_\_

If possible, I would like the following individuals to serve as pallbearers: \_\_\_\_\_

\_\_\_\_\_

Other preferences or requests for the memorial or funeral service: \_\_\_\_\_  
\_\_\_\_\_

Memorial fund gifts can be directed to \_\_\_\_\_

Funeral Home Preference, if any \_\_\_\_\_

Address/Phone of Funeral Home \_\_\_\_\_

Are there specific plans on file at the funeral home? \_\_\_\_\_

Do you want an autopsy performed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to be an organ donor? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish your body to be embalmed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish your body to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_

If you prefer cremation, do you have any special wishes/instructions regarding your ashes? \_\_\_\_\_  
\_\_\_\_\_

Cemetery preference/location \_\_\_\_\_ Plot No. \_\_\_\_\_

**Section 3 Personal information which may be helpful at the time of my death**

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Previous Jobs/Occupations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Came to Central Ohio from? \_\_\_\_\_ Lived here since (year) \_\_\_\_\_

Other places you have lived? \_\_\_\_\_  
\_\_\_\_\_

Service information (voluntary service, mission board, alternative service, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education (last grade completed, schools attended, etc.) \_\_\_\_\_  
\_\_\_\_\_

In an emergency or death, please notify the following:

Names

Addresses

Phone (Cell/Home)

---

---

---

---

---

---

---

My Doctor (Name, address, phone) \_\_\_\_\_

My Dentist (Name, address, phone) \_\_\_\_\_

My Attorney (Name, address, phone) \_\_\_\_\_

Location of my will \_\_\_\_\_

Executor of my will \_\_\_\_\_

Location of insurance policies and other valuable papers \_\_\_\_\_

Other information \_\_\_\_\_

---

---

---

---

---

**Signature**

**Date**