



Pioneer Memorial Presbyterian Church

Pre-Planning for a Memorial or Funeral Service

35100 Solon Road ▪ Solon, Ohio 44139 ▪ 440.248.5260 ▪ office@pioneersolon.org

Before completing this information sheet, please review the handout, "Service of Witness to the Resurrection: Guidelines for a Christian Funeral," for a description of the guidelines and ordinary practices of Pioneer Memorial Presbyterian Church.

Personal Preferences for:

Full Name: _____
First *Middle* *Last*

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____



In order for this advisory to be effective it must be signed, dated, and returned to the church office. The form will be maintained in your membership file. You should also keep a photocopy for your personal files. It is recommended that your copy be kept with other important documents such as a last will and testament, durable power of attorney, living will, and healthcare power of attorney. Additional copies of this form are available in the church office.

Signature: _____

Date: _____

PERSONAL INFORMATION

Name you prefer to go by: _____

Date of Birth: _____ Maiden/Former Name: _____

Birthplace: _____

Marital Status: Single Married _____ Divorced Widowed _____
Date Date

Name of Spouse: _____

Military Service: _____

FAMILY INFORMATION

Children *please list all children including date of birth and name of spouse if married*

_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>
_____ <i>Name</i>	_____ <i>Date of Birth</i>	_____ <i>Name of Spouse</i>

Grandchildren *please list all grandchildren including date of birth and which of your children is their parent*

Other Family Members *Please list other living family members such as parents, siblings, etc.*

FUNERAL HOME

Name of Preferred Funeral Home: _____

Location: _____

Phone Number: _____

BURIAL/CREMATION PREFERENCES

Do you prefer to be: Buried Cremated

Disposition of Body/Ashes: _____

Name of Cemetery/Columbarium: _____

Preferred Type of Casket: _____

Location of Burial Plot: _____

Body to be Donated to Medical Science

MEMORIAL GIFTS/CONTRIBUTIONS

Wishes Regarding Contributions:

Memorial Contributions to Pioneer Memorial Presbyterian Church

Memorial Contributions to Specific Charities:

You Would Consider Including the Church in Your Estate Planning

OBITUARY

You may include information here that you would like to include in an obituary that would be published.

SPECIFIC WISHES REGARDING THE MEMORIAL SERVICE/FUNERAL

Type of Service Desired:

- Memorial Service**
- Funeral** (body present in sanctuary)
- Graveside Service Only**

Location of Service:

- Pioneer Memorial Presbyterian Church Sanctuary**
- Other Location:** _____

Scriptures Requested:

Music Requested:

Organ/Piano/Vocal Selections: _____

Hymn Selections: _____

Other Special Requests:
