

Name: _____

Date: _____

1. Visitation before Funeral/Memorial Service:

- Open to all
- Private gathering for family
- No visitation

2. Funeral/Memorial Service:

- At Klein United Methodist Church
- At another church: _____
- At a funeral home
- At the graveside (cemetery) only
- Other: _____

3. For disposition of my body, I prefer Burial, Cremation, Research, or I don't know.

For Burial:

- Burial at _____ Cemetery
- Entombment in a mausoleum at _____ Cemetery
- I currently own cemetery space at the location indicated above.

For Cremation:

- Ashes placed in an urn and buried in family plot at _____ Cemetery
- Ashes placed in an urn and buried in an urn space at _____ Cemetery
- Ashes placed in an urn in a niche at _____ Cemetery
- Ashes placed in an urn in a niche at _____ Columbarium
- Ashes placed in an urn to be kept by the family
- Ashes to be scattered at the following location(s) _____
- I currently own a plot, urn space, or niche space at the location indicated above.

Other:

- Body donated to a medical school, hospital or research facility: _____

4. I prefer my body be placed in:

- A wood casket for burial or entombment
- A metal casket for burial or entombment
- A cremation casket
- A rental casket for cremation
- An "alternative container" for cremation (minimum allowable)

5. My casket:

- May be open for viewing, as appropriate
- Should remain closed
- Should not be present

6. Funeral home selection:

- I have not selected a funeral home.
- I prefer _____ funeral home, but I have not made any arrangements with the funeral home
- I prefer _____ funeral home. I have made my arrangements with this funeral home, but I have not pre-purchased my funeral from them.
- I prefer _____ funeral home. I have made my arrangements with this funeral home, and I have pre-purchased my funeral from this funeral home.

7. I prefer memorial gifts to take the form of:

- Donation to Klein United Methodist Church
- Gifts to the following charity or charities: _____
- Flowers
- Other: _____

8. Obituary:

- Newspaper: _____
- Online Service: _____
- Other: _____
- None

9. I would like the following ministers, lay-staff, and/or friends to participate in my service:

_____	_____
_____	_____

10. I would like the following scripture to be incorporated into my service:

_____	_____
_____	_____

11. I would like the following music selections to be incorporated into my service:

_____	_____
_____	_____

12. I would like the following individuals to serve as pall bearers:

_____	_____
_____	_____
_____	_____
_____	_____

Other Instructions:

***Remember to share this information with your family or friends who will be handling your arrangements.**