

Biographical Information for Waterford Mennonite Church

This form records pertinent information and your current thinking and preferences regarding end of life arrangements at the time of your death. You are giving your family a final gift by taking time now to express your wishes and preferences. This will be filed in the church office, with a copy made for a spouse, relative, or friend. It can be updated at any time.

Full Name: _____ Date: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

Email address: _____

Date and place of birth: _____

Date and place baptized: _____ Date I joined WMC: _____

Church memberships (congregations, places, dates): _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed Spouse's name: _____

Date and place of marriage: _____

Date and place of spouse's death: _____

Children's names, addresses, phone #, email address:

Number of grandchildren: _____ Number of great-grandchildren: _____

Father's name: _____ Mother's maiden name: _____

Brothers/sisters (names/addresses):

Preceded in death:

Education: _____

Occupation(s): _____
Membership in significant organizations: _____

Service information (VS, I-W, PAX, military, etc): _____
Spiritual and natural gifts: _____

Highlights of my life:

Spiritual journey:

Involvement with WMC: _____

Location of insurance policies and other important papers: _____
Location of will: _____ Executor of my will: _____
Medical doctor: _____ Attorney: _____
Durable power of attorney: _____ Phone: _____
Healthcare power of attorney: _____ Phone: _____
I have included WMC among charities in my estate plan: ☐ Yes ☐ No
I am interested in talking with someone about estate planning: ☐ Yes ☐ No
Newspaper(s) to be notified of my death: _____
Other information: _____

WMC 06102013

Suggestions for end-of-life arrangements
Waterford Mennonite Church

Name: _____ Date: _____

1. Funeral home preference _____

Are there specific plans on file at the funeral home? ☐ Yes ☐ No

2. My preference is to be: ☐ embalmed, ☐ buried in _____ Cemetery

☐ cremated, with ashes ☐ buried, ☐ returned to family, ☐ scattered in Remembering LIFE Garden,

☐ placed in Remembering LIFE Garden columbarium

3. I prefer to have visitation or calling at ☐ WMC, ☐ funeral home, ☐ no visitation

with an ☐ open casket, ☐ closed casket, ☐ WMC reusable casket, ☐ no casket

4. I prefer ☐ a funeral service followed by burial service, ☐ burial service followed by a memorial service,

☐ a service before cremation, ☐ a service after cremation,

☐ a separate service for scattering cremains at Remembering LIFE Garden

☐ a separate service of inurnment in the columbarium at Remembering LIFE Garden

5. Place of service: ☐ WMC, ☐ funeral home, ☐ Remembering LIFE Garden

6. I wish to minimize the cost of my funeral: ☐ Yes ☐ No

7. I am an organ donor: ☐ Yes ☐ No

I plan to donate my body to medical education and research: ☐ Yes ☐ No

If yes, name of medical school _____

8. These hymns and songs are some of my favorites: _____

9. These scriptures and writings have been meaningful to me: _____

10. If possible, I would like

a. special music (hymns and persons) involved: _____

b. the following persons to assist in the service: _____

c. the following persons as pallbearers: _____

d. memorial gifts to be designated for: _____

11. Other preferences or requests for end-of-life arrangements: _____

Pastors are available to discuss any of the above requests, recognizing the pastor of choice may not be available.

Signature

Date

WMC 06102013