

**FIRST PRESBYTERIAN CHURCH
MOREHEAD CITY, NC**



**EXPRESSION OF MY PERSONAL WISHES
FOR PROCEDURES AT THE TIME OF MY DEATH**

NAME: _____ DATE: _____

REVISED: _____

I wish to outline my preferences regarding procedures to be followed at the time of my death. I understand that this form is not legally binding, and that the ultimate decisions are to be made by my next of kin. I hope that my wishes will be taken seriously.

1. **CLERGY:** I request that the pastor of First Presbyterian Church be contacted immediately in order that he/she may offer assistance to my family.

I would also like the following clergy notified: _____

2. **FUNERAL DIRECTOR:** I prefer that the _____ Funeral Home in _____ (City) be asked to take care of the requested arrangements as itemized herein. I have / have not made pre-arrangements with this Funeral Home.

3. **MEDICAL RESEARCH AND HUMANITARIAN PURPOSES:**

a. I have / have no objection to a post mortem examination (autopsy) if there is reason for one to be performed.

b. I would like to be an organ donor if possible.

4. **DISPOSITION OF THE BODY:** I prefer that my body be:

Buried in: _____ Cemetery, located at _____.

Family Burial Plot: Block: _____ Section: _____ Lot: _____
Lot Owner: _____ Location of Deed: _____

Placed in a Crypt (Mausoleum) in: _____.

Cremated, and my ashes be placed:

in the Columbarium at First Presbyterian Church.

other: _____.

Donated to: _____ Medical School for anatomical science studies.

Other: _____

5. **RELIGIOUS SERVICE:** I prefer there be:

Memorial Service (without the body), at First Presbyterian Church, Morehead City, NC.

Funeral Service (with the body) at First Presbyterian Church, Morehead City, NC.

Funeral Home Chapel Service at: _____.

Graveside committal service only.

6. **VISITATION:**

I prefer there be a visitation/viewing for friends with an open casket a closed casket

I prefer there be no visitation/viewing time.

7. **LODGE OR MILITARY CEREMONY:**

Please notify the following lodge and/or military organizations to arrange for special services: _____
_____.

I would like a flag for the casket (Veterans only). My honorable discharge paper from U. S. Military Service is located at _____.

(Suggestion: Have photo copy made. Keep copy at home, and original in safe deposit box.)

8. **MEMORIAL DONATION AND/OR FLOWERS:** I prefer that:

Along with flowers, donations be made to: _____.

In lieu of flowers, donations be made to: _____.

Memorial Fund of First Presbyterian Church.

Other _____.

9. My life and memory would best be served through arrangements that are financially:

low in cost

low to moderate in cost

moderate to high in cost

10. I have/ have not made out a **WILL**. A copy of the Will is located at _____
_____.

11. I have/ have not made a **LIVING WILL**.

12. I have/ have not made a **MEDICAL POWER OF ATTORNEY**. Person named _____.

13. I have/ have not made a **DURABLE POWER OF ATTORNEY**. Person named _____.

14. **SERVICE OF WORSHIP:**

a. **Music:** Congregational singing included Instrumental music only No music included

b. **General Musical Style:** Classical music Old Hymns/"Spirituals" Quiet/Reflective music

Bold/Joyful music Typical worship hymns

Specific Music/Hymns: For Singing: _____

For Prelude/Postlude/Meditation: _____

c. **SCRIPTURE:** General topics/tone/phrases for Scripture Readings: _____

Specific Scriptures: Old Testament: _____

New Testament: _____

Other Wishes: _____

15. INFORMATION NEEDED FOR DEATH CERTIFICATE AND/OR NEWSPAPER NOTICES:

Full Name: _____

Full Address: _____

Birth Date: _____ Birth Place: _____

Father's Full Name: _____

His Birth Place: _____

Mother's Full Name: _____

Her Birth Place: _____

Last Occupation: _____ Date of Retirement: _____

Last Employer: _____

Kind of Business: _____

Military Service (branch of service, dates served): _____

Married Widowed Divorced Never Married

Name of Spouse (if wife, include maiden name): _____

Date of Marriage: _____ Number of Years Married: _____

If predeceased, date of death: _____

Present or past occupation of spouse: _____

List of Surviving Family Members (please list names and place of residence):

Parents: _____

Children: _____

Brothers: _____

Sisters: _____

Number of: Grandchildren _____, Great Grandchildren _____, Nieces/Nephews _____

Memberships:

Church: _____

Lodges: _____

Other organizations: _____

Please provide additional information that offers a brief history/description of your life to this point:

Education: _____

Employment History: _____

Significant Professional Events: _____

Significant Military Service Events: _____

Significant Community/Service Organization Participation: _____

Significant Church Involvement/Service: _____

16. **COPIES OF THIS EXPRESSION OF MY WISHES ARE TO BE FILED WITH:** First Presbyterian Church, Morehead City, NC

and with _____ (Individuals)

_____ (Funeral Home)

Date: _____ **Signature:** _____



FIRST PRESBYTERIAN CHURCH

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Morehead City, NC

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