My Final Wishes
Guidance for my Pastor, 
Family and Friends

As supplied to:
The First Church in Oberlin, 
United Church of Christ

106 North Main Street
Oberlin, Ohio 44074
Phone (440) 775-1711

e-mail: office@firstchurchoberlin.org
Web site: www.firstchurchoberlin.org
Dear Member, Friend, Relative,

It is hoped that you are filling this out when you are in good health, anticipating many more years ahead. It may be, however, that you or a loved one is instead facing serious health issues or has even been taken suddenly. Whatever the case, know that you are not alone, that you have the love and support of your church and that we offer this document to provide you with a way to speak to your family and friends when both time and decisions are critical. Whatever the timing, the issues addressed within are difficult and often prompt some sadness. That too is understandable, but it is hoped that the effort you make now will bear fruit for those you love.

The questions asked in this booklet are prompts for answers that will assist your family and friends in knowing your personal desires. Answer the questions that are important to you, leaving blank any for which you do not have specific requests or opinions. You may provide any additional information you wish to on the last page which has been left blank for that purpose.

Please complete this booklet and make a copy for your own records. You may also wish to give a copy to your primary and secondary contacts as shown within and it is recommended that you inform two family members or close friends where a copy of this document is located. You may wish to also give copy to the church: The First Church in Oberlin, United Church of Christ, 106 N. Main St., Oberlin, OH 44074.

Please give the office here at First Church, a copy for our files: The First Church in Oberlin, United Church of Christ, 106 N. Main St., Oberlin, OH 44074. Please note: While First Church will keep all of your information as secure as possible, please remove from this booklet any account numbers or other sensitive information that might be a security risk, prior to giving it to the Church Office.

Please contact the Church Office for a phone number of a member of the Witness and Membership Committee if you have any concerns or suggestions regarding this document.

This booklet belongs to:

Name: ____________________________________________
Address: __________________________________________
Phone: ___________________ Cell_______________________

Name of person completing form (if on behalf of another): __________________________

Date booklet was completed __________________

Date of Revisions: ________________
Primary contact to handle the arrangements:

Name: _____________________  Address: __________________________________________

Phone: ___________  Email: __________________________________________

Secondary contact if primary contact is not available:

Name: _____________________  Address: __________________________________________

Phone: ___________  Email: __________________________________________

Names of relatives and friends to be contacted upon your death:

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Name: _____________________  Address: __________________________________________

Phone: ___________  Email:_________________________  Relationship: _______________

Would you like the congregation to be notified?  Yes ☐  No ☐  Family choice ☐
Names of professional/business persons to be notified immediately:

Clergy ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Attorney ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Executor ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Business Partner(s) ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Others:

Name: ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Name: ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________

Name: ___________________________ Address: ________________________________
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Name: ___________________________ Address: ________________________________
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Name: ___________________________ Address: ________________________________
Phone: ______________ Email: _______________________________________
Funeral Home Preferences

Funeral Home Preferred
________________________________________

Address of Funeral Home
________________________________________

Funeral Home Telephone ______________________ Email ______________________

Organs to Be Donated to: _____________________________________________

Instructions may be found: _____________________________________________

Burial or Cremation Preference __________________________________________

Remains to be disposed of as follows: _____________________________________

Plot Location (owned) ☐ Being purchased? ☐ Burial Site (gravesite) ________________

Showings: Multiple ☐ Single ☐ None ☐ Family choice ☐

Open Casket ☐ Closed Casket ☐ Family choice ☐ Open for family only? ☐

Special Considerations for presentation (clothing, jewelry, etc.) Explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you wish a graveside service? Yes ☐ No ☐ Family choice ☐
Service Preferences

A funeral requires the body or cremains to be present during the service. A memorial service does not.

Would you prefer a funeral service or a memorial service? _______________________

Location for Service(s) (church, mortuary, other facility, etc.) __________________________

Flowers ☐ Memorial Gifts (see next page) ☐ Both/Either ☐

Favorite Music (hymns, sacred music, preferred soloists*, etc.) _________________________________

____________________________________________________________________________________

Special Readings (scripture verses, poems, quotes) _________________________________

____________________________________________________________________________________

Pallbearers:

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Person(s) to share remembrances:

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Other preferences for your service:

____________________________________________________________________________________

*Musicians (including the organist) are independent contractors. Please consult with the church office regarding current fees.
After the Service

The church offers a reception or luncheon given by members of the congregation after the service. I would like to provide a gift of gratitude for this kindness.

In addition to this, I would like the following to occur:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Memorial Gifts/Donations:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Other notes/instructions:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Obituary Biographical Information

(If available, a resume might be attached here to provide some helpful information about your experience and associations.)

Full Name _________________________________________________

Date of birth: ___________________ Place of birth: ________________

Mother: ___________________________ Maiden name: _______________

Father: ___________________________ of ________________________ (city/state)

Immediate family members (and current city/state of residence)

________________________________________ of ___________________

________________________________________ of ___________________

________________________________________ of ___________________

________________________________________ of ___________________

Church membership and participation (including prior churches): ____________________________

________________________________________

________________________________________

Education/schools attended: ____________________________________________

________________________________________

Military service: _______________________________________________________

________________________________________

Business/Profession/Career path (employed by): ____________________________

________________________________________
Personal achievements: __________________________________________________________
__________________________________________________________________________

Memberships held: __________________________________________________________
__________________________________________________________________________
Additional Notes

Please consider how you would like the following items to be handled if they are a concern for you.

Your computer hard drive. (Is there information here your family might need?)

Your cell phone? Security pass to unlock?

Your tablet?

Ipod?

Do you have social media accounts you will want to have closed?

Facebook  Twitter  Linked In  Snap Chat  Instant Messaging  YouTube?  Others?

Organizations in which you have a membership? Should they be notified?
Other Financial Information (optional)

Please note: While First Church will keep all of your information as secure as possible, please remove this page from this booklet before providing to Church Office.

Life Insurance Policy(s):

Company ______________________ Policy Location: ______________ Policy #___________

Company ______________________ Policy Location: ______________ Policy #___________

Health Insurance Policy(s):

Company ______________________ Policy Location: ______________ Policy #___________

Company ______________________ Policy Location: ______________ Policy #___________

Business Life Insurance Policy:

Company ______________________ Policy Location: ______________ Policy #___________

Mortgage Cancellation Insurance Policy:

Company ______________________ Policy Location: ______________ Policy #___________

Bank Name: ______________________________________

Safe Deposit Box location: ___________________________

Other Financial Company: ___________________________

Retirement Accounts: _______________________________
Employment Benefits due from: _____________________________________________________

Government Benefits from: _________________________________________________________

Ownership of business, farms, franchises: ____________________________________________

Personal notes due from: __________________________________________________________

(cut out and keep with your records if desired)

For your personal security, please cut out this page and keep with your personal records: