

Church Name
City, State

PERSONAL FUNERAL AND ESTATE INFORMATION

When a church member dies, I, as pastor, am frequently asked to provide information about significant persons and other important contacts in the individual's life. The need for information continues as plans for a funeral or memorial service are made. The information requested below will help me respond to these requests. Sharing this information well in advance of the need allows you time to reflect on what you would like. It also provides us an opportunity to discuss your plans and answer questions.

I. Personal Information

Name _____
County and State where born _____
Social Security Number _____ Birth Date _____
Name of spouse (even if deceased) _____

II. Family Members

Parents: Father _____ Living? _____
Mother _____ Living? _____

Children (if more than two, attach sheet):
Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

Nearest Relative or closest friend if there are no living parents or children:

Name _____ Relation _____
Address _____ Phone _____
City _____ State _____ Zip _____

III. Health Care

Do you have Medicare? _____

Do you have other health insurance? _____ If yes, please indicate company and type of insurance (for example, medical or nursing home).

Company _____ Type _____

Company _____ Type _____

Have you made a decision on the extent of treatment should you be seriously ill or injured, so called "heroic measures?" _____

Have you completed a living will or other directive sharing the extent of treatment? _____ If so, will you share a copy of this information? _____. Have you given it to your doctor? _____

Have you given anyone a durable medical power of attorney? _____

If so, to whom? _____

Many states require a person entering a hospital to complete a form on which choices are made regarding the extent of treatment which the person desires. If you are not aware of this you should ask your physician about it.

IV. Memorial Information

Have you made arrangements with a funeral home? _____

If yes, which one? _____

Have you decided to be (*check one*): _____ embalmed? _____ cremated?

Have you made burial arrangements? _____. If so, please describe them: _____

Service: To assist the pastor in planning your memorial or funeral service, please answer the following questions.

Favorite Scripture: _____

I prefer a memorial service _____ funeral service _____ Both _____

Casket present? _____ Open _____ Closed _____

Hymns you would like to have in the service

1. _____
2. _____
3. _____

People you would like to participate in the service:

Please describe any particular aspects of the service you would like:

Pallbearers: _____

V. Estate Planning

Do you have a Will? _____ If so, where is it kept?

Have you asked someone to be your personal representative (executor/executrix)? _____

If yes, have you reviewed your will with this person? _____

Do you have a current inventory of your assets and the location of the

assets? _____. Does your personal representative have a copy of this? _____.

Often in addition to a will individuals use other estate planning tools. Do you have either of the following:

____ Living trust ____ Durable Power of attorney

If so, where do you keep it or them?

(Answering the next three questions is optional)

Have you remembered your church and its wider mission in your estate plan? _____

If yes, would you share in what way? _____

Would you like to discuss this further either with me or someone from the American Baptist Foundation who assists people in this area? _____

VI. List of Important People

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Broker _____ Phone _____

Firm _____

Accountant _____ Phone _____

Firm _____

Attorney _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

American Baptist Foundation
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