

End-of-Life Preparations
Grace Lutheran Church - Arlington, Texas

We want to glorify God in life and in death. This form will be helpful as you seek to bear witness of the Savior also at the time of your death. A copy of this form will be kept in the church's files. A copy should also be kept by your next of kin.

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATE/PLACE OF BIRTH: _____

NEAREST KIN:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

The information and instructions provided in this form are for the guidance of my church, family and friends in making the arrangements necessary at the time of my death and are not legally binding or enforceable.

I hereby give the following instructions: (Answer only questions that apply to you.)

1. I would like the following Funeral Home to handle my arrangements:

Name of Funeral Home: _____ City: _____

I would like the following person(s) to be contacted immediately: (include phone #)

2. I would like to be buried in the following cemetery:

Name of Cemetery: _____

City: _____ State: _____ Zip: _____

Type of plot: Ground _____ Crypt _____ Graveside Only _____

Already purchased? _____ If so, where? _____

I would prefer having my remains cremated. ___ Yes ___ No

Other instructions regarding burial: _____

3. If available and willing, I would like the following people to be pallbearers:

4. I wish to donate my organs to be used for medical purposes or organ transplants. (Provisions must be made by proper documentation in accordance with state law.) Resolution 8-05 of the 1981 Convention of the Lutheran Church-Missouri Synod encourages such donations. Yes No

5. I desire a memorial service:

a. My preference for a Biblical text for the Service is/are: _____

Other Bible Readings: _____

b. Service Location: Church Funeral Home

c. Titles of Hymns to be sung:

1. _____

2. _____

3. _____

d. Other Service requests: _____

6. Memorial gifts to the following organization(s):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

7. I want to visit with a qualified representative of the Texas District, LC-MS, or Legacy Deo representative to assist me in developing my will and providing for the distribution of my property to my loved ones and/or the church. Yes No