

FUNERAL PLAN

It is often difficult for families to make decisions regarding funeral arrangements at the time of the death of a loved one. In the midst of grieving the family must make many important decisions. They frequently wish that they knew the desires of the one who died. This is an opportunity for you to think about your funeral plans. You may use this as a guide for your thinking and may use it to make your personal desires known to the pastoral staff of South Canyon Lutheran church. You do not have to fill out this planning sheet.

You may wish to complete this request sheet together with your husband or wife or relative or friend ---or you may wish to complete it by yourself. Your willingness to fill out this sheet may make it easier for your spouse or family at the time of your death. (Additional copies are available at the church office.)

We ask that you prayerfully and carefully consider the matters suggested here. If you have any questions or would desire to discuss these matters with one of the pastors of South Canyon Lutheran church, please contact us at 605-343-4887.

Personal Information:

Name _____ Phone _____

Address _____

Date of Birth _____ Place of Birth _____

Spouse _____

Parent's names: Father _____ Mother: _____

Sibling's Name: _____ Address _____

Children(s) Names: _____ Address _____

Others to be notified:

_____ Phone _____

_____ Phone _____

FUNERAL PLAN

Your family will need this information when they meet with the mortuary, or you may wish to consider these items before you visit the mortuary:

Funeral

Day of the Week Preference _____

Time of Day Preference _____

Place _____

Visitation

Do you want to have a visitation? _____

Location of visitation? _____

Visitation with viewing? _____

Visitation time (day before and/or one hour prior to service)? _____

Obituary Information

Relatives Listed:

Organization Memberships

Photograph to be included?

Names of newspapers for obituary to be placed? _____

Have you completed a Will?

- Yes
- No

If yes, where is it located? _____

Who is your attorney?

Name _____

Address _____

Phone _____

Preference for means of burial:

- Traditional burial at _____ Cemetery
- Cremation

Mortuary or Cremation

Have you selected a mortuary to handle the arrangements for your funeral?

- Yes
- No

Mortuary or Cremation

Name _____

Address _____

Phone: _____

Have you made advance arrangements?

- Yes
- No

Have you prepaid for your funeral?

- Yes
- No

Have you purchased a cemetery lot(s)?

- Yes
- No

Cemetery _____ Location _____

If you are a veteran, do you desire to be buried at Black Hills National Cemetery?

- Black Hills National Cemetery
- Other (Specify) _____

Do you want visitation at the mortuary prior to the funeral service:

- Yes
- No

Casket

- Open
- Closed

Do you want:

- Funeral with casket present
- Memorial service without the casket present

Do you want the service conducted at:

- South Canyon Lutheran Church
- Chapel of _____ Mortuary
- Other (please indicate) _____

Organ/Tissue Donation

- Yes
- No

Organ donation on your driver's license does not authorize the hospital/doctor to remove any organs or tissue. Signed authorization by next of kin must be secured. Talk this over with your spouse and/or children.

Memorials

Do you wish memorials indicated for:

- South Canyon Lutheran
- South Canyon Lutheran Trust Fund - All gifts remain in the Trust Fund. The congregation allocates the interest from the proceeds.
- Other(s) _____

Documentation for Funeral Home:

Social Security # _____

Birth Certificate

Marriage/Divorce Certificates

Veteran's Discharge Papers

Pall Bearers (6)

Memorial Designations

Type and Cost of Casket

Type and Cost of Vault

Clothing

Family Flowers

Number of Certified Death Certificates Needed _____

You should have at least two certified copies that area accessible to you. Contact your insurer, veteran benefits provider. Social Security Administration, bank, etc. for more details on the type of information you need to make a claim.

Charitable Gifts

Have you named South Canyon Lutheran Church, South Canyon Lutheran Trust Fund Committee, and educational or charitable organization as a partial beneficiary of?

- Your insurance proceeds
- Your estate proceeds
- Name(s) of Church _____
- Charitable organization _____
- Education Institution _____

Have you talked with your attorney or Certified Financial Planner about tax advantages now and for your estate of:

Gift Annuity

- Yes
- No

Charitable Remainder Trust

- Yes
- No

Living Will/HealthCare Directive

Do you have a Living Will/HealthCare Directive?

- Yes
- No

If yes, where is it located? _____

Who else has a copy(s)? _____

Does the person who may be making medical decisions on your behalf have a copy?

It is important that your doctor have a copy of your Living Will/HealthCare Directive with your medical chart/records.

Durable Power of Attorney

Do you have a Durable Power of Attorney that enables someone else to make decisions about your health care or other listed and limited authorizations in case you are incapacitated temporarily or permanently?

- Yes
- No

Location of the document _____

Person named/designated to have Durable Power of Attorney:

Name _____

Address _____

Phone _____

Personal Information (not required)

Banking Information

Names of banks where you have deposits:

Name _____

Savings _____

Checking _____

CD's/Other _____

Name _____

Savings _____

Checking _____

CD's/Other _____

Safe Deposit Box

Location: _____

Who has a key? _____

Whose names are on the signature card? _____

Real Property/Real Estate

Where are the deeds?

- House _____
- Other Property _____

Stocks/Bonds/Mutual Funds

Who is your broker/brokerage house?

Name _____

Location _____

Location of stock certificates, if not with your broker:

Life Insurance

Name of Company _____

Policy Number(s) _____

Name of Company _____

Policy Number(s) _____

Are listed names of Beneficiaries current?

Estate Planning

Have you worked with a Certified Financial Planner, Attorney, Banker or Insurance Agent to plan your estate?

- Yes
- No

Name _____

Address _____

Phone _____

Other Information or Requests

Thank you for doing a hard task that will make things easier for your loved ones.

If you chose to return a copy of this information to the church, it will be kept in a confidential file available to the pastors of South Canyon Lutheran Church.

If you want to meet with one of the pastors to personally talk about these matters, together or with your spouse and/or family, please call one of the pastors and we will set up a time to meet.

Signature: _____ Date: _____