



First Presbyterian Church of Logan

PERSONAL WISHES for the CELEBRATION OF THE END OF LIFE

As Christians, we believe that death is not an ending, but a new beginning for us. We give witness to resurrection and life eternal. Yet, the end of life, and the grief that it brings, is difficult for those left behind. To help prepare, we provide this form for you. It is offered for you to express your wishes, so that your loved ones and your church family will know how you want your life to be remembered and celebrated. This file is provided for you. If you so desire, please return a copy to the church office (or we can make a copy for you) and we will keep it on file for you. You are invited to fill out only those parts that you wish, and our congregation covenants with you to fulfill them to the best of our ability.

Name _____

First Middle Last (Nickname)

Address _____

Street City State Zip Code

Date of Birth _____ Place of Birth _____

MM/DD/YY City State

Resident of Utah _____ Previous Place of Residence _____

Number of Years

Father's Name _____

First Middle Last

Place of Father's Birth _____

City State

Mother's Maiden Name _____

First Middle Last

Place of Mother's Birth _____

City State



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Are you a veteran? _____ Branch of Service _____

Are there any other honors or organizations to contact? _____

Upon my death, please notify immediately (next of kin):

Name

Relationship

Phone Number

Street

City

State

Zip Code

Relative not living with you:

Name

Relationship

Phone Number

Street

City

State

Zip Code

Location of Last Will and Testament or Trust Information

MEMORIAL/FUNERAL SERVICE PREFERENCES

Service at _____ Memorial Service at Church

_____ Funeral Service at Church (casket/ashes present)

_____ Funeral service at a local mortuary with public burial

_____ Funeral service at a local mortuary with private burial

_____ Memorial service at an alternate location

_____ Other _____

Arrangements:



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Name of Mortuary City and State

Name of Cemetery City and State

Name of Cremation Facility (if applicable)

_____ I have previously made the above arrangements

_____ I desire the above arrangements to be made

_____ I have no particular preferences as to a mortuary or cemetery

Viewing at a Mortuary _____ I wish a viewing _____ I do not wish a viewing

Disposition of the Body _____ I wish to be buried _____ I wish to be cremated

_____ I would like my ashes interred

_____ I would like my ashes scattered _____ Location

Casket _____ Simple, composite _____ Simple, natural wood _____ Metal

In Lieu of Flowers Memorial gifts in my name should be given to:

Church memorial, foundation or charity

Address City State Zip

Are there persons you would like to participate in the service (if possible)?

I desire that the following hymns/songs be considered for my service:



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I desire that the following Scriptures(s) be considered for my service:

Other wishes regarding the service:

Biographical information: Education

Work History

Accomplishments

Hobbies



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Adjectives that describe me

It is my desire that my family and friends, in the event of my death, honor these wishes to the best of their ability. By doing so, they will lovingly commemorate my life's journey here on earth.

Signature

Date

