

NEXT OF KIN (In case of emergency)

LAST WILL & TESTAMENT and other important documents are located in:

EXECUTOR AND/OR ATTORNEY

INSURANCE COMPANY

NOTIFY THE FOLLOWING PERSONS:

Signature

Date

ESTATE PLANNING CHECKLIST

- I have a legally drawn will and it has been reviewed in the last five years.
- I have made an inventory of my personal property and assets
- A living will or medical directive has been prepared
- Life insurance beneficiary forms have been reviewed and updated
- Beneficiary forms for tax-deferred savings programs have been reviewed and updated
- Funeral pre-arrangements have been made
- Family/friends know how to contact my professional advisors, such as attorneys, CPAs, etc.
- Family/friends know where to find financial records, insurance policies, bank accounts and safe deposit box
- I have prepared and signed a power of attorney for personal care
- I have prepared and signed a financial power of attorney
- I have documented my wishes for organ donation
- I have made plans to create a lasting legacy through a named permanent fund at the Christian Church Foundation to benefit the causes of the church and other charities most important to me

Pre-Funeral Service Arrangements



For more information, contact:
 Christian Church Foundation
 130 E. Washington Street
 P.O. Box 1986
 Indianapolis, IN 46206-1986
 (800) 668-8016
www.disciples.org/ccf

Name

Date



**CHRISTIAN
 CHURCH
 FOUNDATION**

Helping Disciples Make a Difference

For the purpose of relieving my survivors of the burden of making decisions and arrangements on the occasion of my death, I herewith execute these instructions regarding my funeral service:

Full name: _____

Residence: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Mother's Name: _____

Last Occupation: _____

Employed By: _____

How Long: _____

Area Resident Since: _____

Former Residence: _____

Church Membership: _____

Community/Organizations/Professional Societies:

Military Service: _____ Rank: _____ Branch: _____

Marital Status

Single Married Widowed Divorced

Spouse's Name: _____

Marriage Date: _____

Children (Name & City/State) D-deceased

Siblings (Name & City/State) D-deceased

ARRANGEMENTS:

I have made pre-arrangements with _____ Funeral Home

I have not yet made funeral arrangements

Service Location:

Church Funeral Home Graveside only

Burial or interment of cremains to be at:

Preferred Clergy: _____

Preferred Time of Service:

Morning Afternoon Evening

PREFERRED MUSIC

Soloist: _____

Organist: _____

Instrumentalist: _____

Congregational Hymns: _____

Service Music: _____

COMMUNION

I would like Lord's Supper served Yes / No

Preferred Scripture: _____

Poetry: _____

Prose: _____

Other Requests: _____

OTHER PARTICIPANTS:

Casket/Pall Bearers: _____

Honorary Pall Bearers: _____

FLOWERS AND MEMORIALS

Preferred flowers: _____

Preferred memorial contributions to:

Other Instructions:
