

Legacy of Love

Advanced Funeral Planning



King of Glory Lutheran church

4125 Grand Avenue

Billings, MT 59106

Legacy of Love

Understanding that the death of a loved one causes stress on family and friends, you are being furnished with this ‘worksheet’ to fill out to help your loved ones through the difficulties of arranging your Funeral or Memorial Service.

One must realize that the Funeral or Memorial Service is for the comfort and affirmation of the living. The family should be given the freedom to complete these arrangements, as they feel led. This information should be used with care, thanksgiving, and respect.

This form is intended to convey your suggestions only and is not legally binding nor should it be considered morally binding. There are many circumstances at the time of death that could make it difficult to carry out every suggestion to the letter. However your suggestions could be very helpful to your family.

Use this form lovingly and wisely. Consider your entries carefully. Feel free to consult family members, your pastor, friends or a funeral director. Be as clear and concise as you can. Do not feel compelled to complete all parts. Complete as much as you believe will be helpful to those you love.

Once you have finished filling out the form, keep a copy at your home, give a copy to a family member or friend and provide your pastor a copy to keep in his/her personal file.

# **SUGGESTIONS TO THOSE WHO PLAN MY FUNERAL**

**I , make the following suggestions for my Funeral/Memorial Service.**

I request that Pastor (name if known)

of Church, be contacted immediately in order that he/she may offer assistance to my family.

My choice of funeral home is:

Address:

Phone #:

**I request the following disposition of my body** (check all applicable boxes):

( ) Buried at Cemetery, located at .

I ( ) do ( ) do not have space there.

Lot owner

Location of deed

Block Section Lot

( ) Placed in a crypt (name of mausoleum)

located at

( ) Cremated and my ashes

Name of crematorium:

Address:

Phone #:

**Type of religious service**:

( ) A funeral service, with the body present at

Church or

Funeral Home

( ) Holy Communion

( ) A memorial service, without the body present, at

Church or

Funeral Home

( ) Holy Communion

( ) Only a graveside committal service at

( ) No service of any kind

( ) Other type of service

If there is to be a committal or graveside service, I prefer that it be held:

( ) First

( ) Following the funeral service

( ) That it be private

( ) Open to all who wish to come

I have the following suggestions for scriptures (these, of course, must eventually be approved by the officiating clergy person):

Other poems, readings or eulogies at the service (these, of course, must eventually be approved by the officiating clergy person):

I have the following suggestions concerning the music to be sung or played and/or hymns to be used (these, of course, must eventually be approved by the officiating clergy person):

My choice of pallbearers, if living and able to serve (please name 6)

I would wish these to be honorary pallbearers (optional)

My choice of clergy to conduct the service is:

Name:

Address:

Phone #:

Military ceremony instructions, contacts, etc.

Memorial donation/ flowers:

( ) I prefer that there be donations in lieu of flowers to the

( ) Memorial Fund of King of Glory Lutheran Church or

( ) Other (listed below):

( ) Flowers used at the discretion of my family

( ) No limitations or restrictions as to flowers

( ) No flowers

I have these other suggestions or requests concerning my funeral or memorial service:

Other information not covered previously in this form:

***These plans should be discussed with and affirmed by your family.***

***Signature:***

***Witness:***

***Date signed:***