



LIFE INVENTORY

When someone dies, the family often wishes they knew more about the desires of their loved one when planning a celebration of their life. Completing this "Life Inventory" allows you to communicate your wishes and to provide a tremendous help to family members and the clergy person. The information you provide will be retained by the church so in the eventuality of your death, it can be used to help your family plan your service. You are invited to complete the form and make copies for your family members before returning to the church office. Your effort now will be a blessing to your loved ones and your pastor later.

Demographics

Name _____ Birth date _____ Phone _____

Current Address _____
Address City State Zip

Email _____ Place of Birth _____

Home Church _____ Other Information _____

Family

Spouse/Partner _____ Children _____

Number of Grandchildren _____ Number of Great Grandchildren _____

Parents _____
Mother Father

Siblings _____

Other special friends, family, and the person who holds your Durable Power of Attorney for Health Care (DPAHC)

Service

If possible, I would prefer: A Funeral with my body present
 A Memorial Service (no body present), but ashes may be present, in an urn.
 Other, please explain _____

I prefer services to be held at:

Church _____ Funeral home _____
Name Name

Location _____
Address City State Zip

I would like a Funeral Luncheon/Gathering following the service.

Burial Information

Disposition of body: Burial Cremation Med research Are you an organ donor? Yes No

Cemetery _____ Location _____
City State Zip

Are you a current or past service member? Yes No Will you be buried with Military Honors? Yes No

Burial Plot # ____ Mausoleum Crypt NUMC Memorial Garden Graveside Service? Yes No

Important Additional Information

Favorite Hymns/Special Music _____

Favorite Scripture Verses _____

Most important life accomplishment(s) _____

Favorite hobbies, activities, volunteer opportunities _____

Designate any memorial gifts to the following ministry or cause: _____

I have included the church in my will Yes No I need more information on how to do this

Information helpful for any obituary, planning my celebration or to summarize my personal faith is attached.

I would like to discuss the above with the Pastor or Minister of Congregational Care Yes No

Signature

Date

Please return to the church office to be filed for future reference. You may update/change this inventory at anytime as the need arises.

Office Use

Date Entered into file _____ By _____