

# Book 2

## FINAL PREPARATIONS

### An Information Booklet for The Fulfilled and Completed Life of

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Name



Revised by  
The United Congregational Church  
Little Compton, RI  
Health & Wellness Committee and The Board of Deacons

***Purpose of this Booklet:***

***In developing this booklet, the purpose is to provide basic information for family and loved ones and create an awareness of the choices that we have regarding the customs and practices that accompany the event of death.***

***We can share with our loved ones our wishes about death and relieve them of the responsibility for making decisions without knowing our wishes.***

***Thinking through arrangements will provide a clearer understanding of one's values and convictions.***

**IMMEDIATE INFORMATION**

NAME OF CLERGY PERSON \_\_\_\_\_

PHONE \_\_\_\_\_

NAME OF FUNERAL DIRECTOR \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ORGAN DONOR  
INFORMATION \_\_\_\_\_

**FUNERAL ARRANGEMENTS AND SERVICE DETAILS**

CLERGY PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

These are the last wishes:

1. I wish to have the service held at (church, funeral home, other):

\_\_\_\_\_

2. I have consulted with the above-named funeral director at the above-mentioned funeral home and have given specific directions regarding (i.e., casket, vault, cremation urn, costs, other)

\_\_\_\_\_

3. I prefer to have the family make the specific arrangements in regard to vault, casket, urn, etc.

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4. Other particular wishes are:

- gravesite burial with casket and vault
  - cremation
  - other specific instructions \_\_\_\_\_
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5. My preference for the type of service is:

- a memorial service with private burial  before  after
  - a funeral service with casket/urn in church followed by the committal service at the cemetery.
  - other \_\_\_\_\_
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**OTHER RELATIVES TO BE NOTIFIED**

NAME

ADDRESS

PHONE

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**FRIENDS TO BE NOTIFIED**

NAME

ADDRESS

PHONE

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**ORGANIZATIONS TO BE NOTIFIED**

ORGANIZATION	ADDRESS	PHONE

**PERTINENT INFORMATION FOR FAMILY & LOVED ONES**

**Checklist:**

- Notify relatives/friends
- Notify organizations
- Arrange for members of family or close friends to answer phones/door, make a record of calls.
- Arrange for someone to be in the home during the time of the service.
- Arrange appropriate child care, if needed.
- Coordinate supplying of food.
- Select pall bearers and notify them.

- \_\_\_\_\_ Consider special household needs, such as cleaning, which may be done by friends
- \_\_\_\_\_ Notify lawyer and executor
- \_\_\_\_\_ Notify insurance companies and social security administration.
- \_\_\_\_\_ Arrange for disposition of flowers after funeral.
- \_\_\_\_\_ Pick up Death Certificate from Town Clerk's office.
- \_\_\_\_\_ Prepare list of persons to receive acknowledgements for calls or flowers; send acknowledgements.
- \_\_\_\_\_ Check on income for survivors from insurance, social security, available checking or savings accounts, make necessary alternative arrangements.
- \_\_\_\_\_ Check on insurance, death benefits from life insurance, casualty, group contracts, including social security and charge accounts.
- \_\_\_\_\_ Check on all debts and installment payments, consult with creditors if there is to be a delay.

HEALTH CASUALTY INSURANCE \_\_\_\_\_

SAFETY DEPOSIT BOX/KEY \_\_\_\_\_

WILL \_\_\_\_\_

INCOME TAX RETURNS \_\_\_\_\_

LOANS \_\_\_\_\_

STOCKS, BONDS \_\_\_\_\_

HOME TITLE PAPERS \_\_\_\_\_

VEHICLE(S) TITLE PAPERS \_\_\_\_\_

MILITARY SERVICE PAPERS \_\_\_\_\_

BIRTH CERTIFICATE/BAPTISMAL CERTIFICATE \_\_\_\_\_

MARRIAGE CERTIFICATE \_\_\_\_\_

DIVORCE RECORDS \_\_\_\_\_

PASSPORTS \_\_\_\_\_

DIPLOMAS \_\_\_\_\_

PENSION CERTIFICATES \_\_\_\_\_

ADOPTION RECORDS \_\_\_\_\_

VETERANS ADMINISTRATION RECORDS \_\_\_\_\_

REAL ESTATE DEEDS, MORTGAGES, NOTES \_\_\_\_\_

APARTMENT LEASES, AGREEMENTS \_\_\_\_\_

CONDOMINIUM AGREEMENTS \_\_\_\_\_

BURIAL PLOT DEEDS \_\_\_\_\_

**SERVICE**

I wish to have the following scripture passages included:

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I wish to have the following readings/prayers included:

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I wish to have the following music included in the service:

Hymns: \_\_\_\_\_

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Organ Music: \_\_\_\_\_  
\_\_\_\_\_

Solos: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Meditation/Reflections (Here's what I want people to remember about me):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flowers or other arrangements (Here are my wishes):  
\_\_\_\_\_  
\_\_\_\_\_

Memorial Gifts  
\_\_\_\_\_  
\_\_\_\_\_

Ushers (Suggestions):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bearers (Suggestions):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following the service, I wish to have a gathering in honor of the deceased ( ) at home,  
( ) at church (see collation information in this booklet).



Calling Hours (Here are my wishes):

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Burial is preferred at:

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Arrangements ( ) have / ( ) have not been made.

Contact Person: \_\_\_\_\_

Cemetery Lot Certificate:

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( ) I wish to donate my eyes to the Eye Bank for Sight Restoration.

The signed authorization has been given to: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) I wish to donate the following organs \_\_\_\_\_

The signed authorization has been given to \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other wishes:

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*This booklet was originally developed by  
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