



Know God Love God Serve God

BrightonFUMC.org

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Brighton Campus and Office: 400 E. Grand River Ave, Brighton, MI 48116 Whitmore Lake Campus: 9318 Main St., Whitmore Lake, MI 48189 Note: Complete this packet and share copies with your family. You may also give a copy to the church office for safekeeping. If you want to speak with clergy about your wishes, please call the office to make an appointment. 810-229-8561

#### My Last Worship Service with My Family and Friends

I, in this document and it, therefore	_, have personally provided the information contained, reflects my wishes for my funeral/memorial service.
My Address:	
My Email:	
My Home Phone:	My Cell Phone:
, modes and will act of document are carried out.	ny (relationship), will have a on my behalf to ensure that my wishes outlined in this
Their Address:	
Their Email:	<del></del>
Their Home Phone:	Their Cell Phone:
In addition, I wish the following	g person(s) to participate, if willing:
Name:	<del></del>
Address:	
Email:	<del></del>
Home Phone:	Cell Phone:

Name:	-
Address:	
Email:	
Home Phone:	Cell Phone:
Name:	-
Address:	
<del></del>	
Email:	
Home Phone:	
Reception Follow	ving the Service
If possible, I would like to have a reception a	
·	efer to leave this decision to my family:
'	, ,
Memori	al Ciffa
I would like memorial gifts to be given to:	
My church,	is included in my will.
Yes: No:	
If not, I would like to speak with someone about	out including someone in my will.
Yes: No:	

# Music & Scripture for My Service

would like to suggest the following musical selections for the Prelude and Postlude
Prelude:
Postlude:
would like the following hymns/songs to be used in the service:
would like someone to sing the following special music:
suggest the following soloist:
Name:
Address:
 Email:
Home Phone: Cell Phone:
Torre Thorie.
would like to suggest the following Scripture readings:
would like to suggest the following scripture readings.

## **Disposition of My Body**

I have made the following prearrangements:
Funeral Home:
Address:
I do: I do not: desire an open casket viewing.
I have not made final prearrangements, but desire the following:
Funeral Home:
Address:
I do: I do not: desire an open casket viewing.
I plan: I do not plan: to have my body cremated.
Other Notes:

#### Eulogy

During the time of eulogy, I would like to have the following person(s) share words of remembrance, if willing:

Name:		
Email:		
	Cell Pho	ne:
Name:		
Email:		
	Cell Pho	ne:
Name:		
Address:		
Email:		
Home Phone:		ne:
Name:		
Email:		
Home Phone:	Cell Pho	ne:
It is important to me: during the time of eulogy.	It is not important to me:	that the pastor share words

## **Important Biographical Information About Me**

Date and place of birth:
Details of my family (spouse, children, grandchildren):
Places and dates where I have lived:
I received my education from:
Places and dates where I have worked:
I was: in the military.
I served in the following branch:
Dates of Service:
Dates of Service.
I would like recognition of my military service to be included in my memorial:
Yes: No: N/A:
I was not: in the military.

Other important life details I would like to share:		

A Service of Death and Resurrection (*UMH* pg. 870)