



Christ Lutheran Church

5904 Vista Drive; P.O. Box 845, Ferndale, Washington 98248
360-384-1422 www.clcferndale.org

Celebration of Life Form

(This is not a legal document.)

PLEASE RETURN COMPLETED FORM TO CHURCH OFFICE

PREFERRED BURIAL PROCEDURE FOR _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SPOUSE: _____

PERSON TO BE CONTACTED REGARDING ARRANGEMENTS

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

IN EVENT OF QUESTIONS, FINAL DECISIONS TO BE MADE BY

NAME: _____

TELEPHONE: _____ EMAIL: _____

OTHER FAMILY MEMBERS TO BE CONTACTED AT TIME OF DEATH

NAME: _____

TELEPHONE: _____ EMAIL: _____

NAME: _____

TELEPHONE: _____ EMAIL: _____

NAME: _____

TELEPHONE: _____ EMAIL: _____

(please attach any additional names and contact information to this form)

DISPOSITION OF BODY

PREFERRED FUNERAL HOME: _____ TELEPHONE: _____

VISITATION AT FUNERAL HOME? YES NO OPEN CASKET CLOSED CASKET

BURIAL INSURANCE OR OTHER FINANCIAL PROVISIONS: _____

MY PREFERENCE IS FOR

CREMATION **before** memorial service CREMATION **after** funeral / memorial service

ASHES TO BE INTERRED in Christ Lutheran memorial garden (see church office for more information)

ASHES TO BE INTERRED at (if not CLC memorial garden): _____

Other arrangements (including dispersal of ashes): _____

Body to be entombed Body to be buried

Location: _____

Other arrangements: _____

DONATION OF ORGANS OR BODY FOR RESEARCH

Special instructions: _____

Signed donor card can be found at: _____

PLEASE TURN OVER TO INDICATE PREFERENCES FOR A CELEBRATION OF LIFE SERVICE

CELEBRATION OF LIFE SERVICE PREPARATIONS

DESIRED LOCATION OF FUNERAL (with casket) or MEMORIAL SERVICE (with or without urn of ashes):

at _____ Church

at _____ Funeral Home

Other _____

TYPE

FUNERAL WITH CASKET MEMORIAL SERVICE WITH ASHES PRESENT MEMORIAL SERVICE WITHOUT ASHES

Comments: _____

FORM

CELEBRATION OF LIFE SERVICE ONLY

CELEBRATION OF LIFE SERVICE followed by interment or burial

CELEBRATION OF LIFE SERVICE preceded by interment or burial

INCLUDING HOLY COMMUNION

DESIRED SCRIPTURE READINGS:

MUSIC

ORGAN MUSIC WITH TRADITIONAL HYMNS PIANO MUSIC WITH CONTEMPORARY SONGS

DESIRED HYMNS/SONGS FOR CELEBRATION OF LIFE SERVICE:

SUGGESTED PARTICIPANTS

SUGGESTED SOLOIST (if desired): _____

Desired song(s) for soloist: _____

SCRIPTURE READER: _____

ACOLYTES: _____

PALL BEARERS (if casket): _____

USHERS: _____

ANY FAMILY MEMBERS OR FRIENDS TO GIVE REFLECTIONS: _____

OTHER REQUESTS FOR CELEBRATION OF LIFE SERVICE

OPTIONAL

MY WILL CAN BE FOUND AT: _____

PERSONS RESPONSIBLE FOR MY AFFAIRS

ATTORNEY: _____ TELEPHONE: _____

EMAIL: _____

EXECUTOR OF ESTATE: _____ TELEPHONE: _____

EMAIL: _____

PHYSICIAN: _____ TELEPHONE: _____

ADDRESS: _____

SUGGESTED MEMORIAL DONATIONS

SOCIETY ENGAGED IN RESEARCH OF DISEASE OR INCIDENT CAUSING DEATH

CHARITABLE INTEREST OF DECEASED: _____

CHRIST LUTHERAN CHURCH MEMORIAL FUND

OTHER: _____

Any further considerations or instructions: _____

Signature _____ Date _____