

FUNERAL INFORMATION
FOR
FIRST UNITED
METHODIST CHURCH
200 N. 15th Street
Ft. Smith, Arkansas 72901 (479) 782-5068

Families making arrangements for loved ones who have died often experience difficulty and frustration regarding essential information for the obituary, death certificate, funeral service, and other pertinent matters needing attention. We have prepared the following pages so that families won't have to experience much of the frustration that often accompanies the death of a loved one. Grief is great enough without having to bear problems that can be prevented with a little pre-planning.

The blanks on the following pages are designed to answer questions that often arise at the time of death. Tell a family member or friend where you are placing the information so that it will be available in the event of your death. It is recommended that you do not place it in a safe deposit box, in case the information is needed on a holiday or weekend when it might not be accessible.

Each adult family member should complete this form. When needed, this information can be very helpful to family, friends, ministers, and the funeral director. If additional forms are needed, they are available at the church office.

I have provided the following information to be used at the time of my death.

Signed _____

Date _____

FUNERAL POLICIES

First United Methodist Church

- When someone in your family dies, whether or not he or she is a member of First United Methodist Church, if you desire to have their services under the care of the church, contact one of the pastors through the church office (479-782-5068) or the pastoral on-call phone (479-459-5060). A meeting to plan the funeral or memorial service will be arranged.

- Contact your funeral home of choice. They will instruct you on their procedures.

- Cemetery plots, if not already purchased, can be arranged through the funeral home. If a niche in the columbarium at the church is desired, arrangements can be made at any time prior to or at the time of death with the Business Administrator of the church.

- At the time of the service, if there is a casket present, it may be opened prior to the service for viewing. Before the family enters, out of consideration for the process of grief, the casket will be closed and not re-opened at the end of the service. It is not recommended that the casket be opened at the cemetery.

- We have a group called the Dorothy Collier Network, named after a beloved pastor, available to (1) prepare and serve a luncheon for the family at the church, or (2) provide refreshments at a reception following the service. If both are desired, the funeral home can usually make arrangements for the reception.

- Funerals may be held in any of our worship spaces: Sanctuary, Roebuck Chapel, or the Great Hall. There is no charge for the use of the facilities. If there is no membership connection in the family to First United Methodist Church, a donation to cover the building use and extra custodial care is appreciated.

- There is no charge for pastoral services at the time of death. If the family desires to make a gift of gratitude, it is acceptable. There is an honorarium expected for the organist, any other musicians or soloists, and technical persons if needed. Families may discuss honorariums with the pastor in the planning meeting.

- Should you desire a minister other than one presently serving our church to conduct your memorial service, your pastor will be glad to make the contact for your family. This is the proper way to handle the invitation of another minister. The family will be responsible for paying the visiting minister's expenses.

- Flower arrangements and live plants are usually taken by the family following the service. If the family wishes to leave some cut flower arrangements, they will be divided and delivered to our members in assisted living and nursing home facilities, homebound and hospitalized members. If a funeral is on Saturday, flower arrangements may be left for Sunday services, if plans for flowers in the service weren't previously made.

- Memorials to the church are normally deposited in the Memorial Fund, which is used for various purposes of ministry at the church. If a family wants to designate memorials to a particular ministry, e.g., music, children, youth, missions, etc., that request will be honored.

FUNERAL INFORMATION
for

List names, addresses, and phone numbers of persons that should be notified following your death:

1) _____

_____ Phone _____

2) _____

_____ Phone _____

3) _____

_____ Phone _____

4) _____

_____ Phone _____

5) _____

_____ Phone _____

6) _____

_____ Phone _____

7) _____

_____ Phone _____

Keep the above information current. If there are other persons you would like notified, please attach their names, addresses and phone numbers to this sheet.

VITAL STATISTICS

The following information is needed for your obituary, death certificate, and survivors:

Full Name _____

Address _____

How long at this address? _____

Social Security Number _____

For married females, give maiden name _____

Date of Birth _____ Birthplace _____

Occupation (s)

Date of Retirement _____

Full Name of Spouse _____

Date of Marriage _____

Place of Marriage _____

Spouse's Address _____

Phone _____

If a Veteran, list Veteran Serial Number/Social Security Number

Church Membership

at _____

Other Group Memberships

Father's Full Name _____

Father's Birthplace _____

Father's Date of Birth and Death _____

Mother's Full Name _____

Mother's Birthplace _____

Mother's Date of Birth and Death _____

Names and Addresses of Surviving Family Members (Keep Current)

Father/Step-Father _____

Address _____

Mother/Step-Mother _____

Address _____

Children/Step-children

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

Brothers/Step-brothers

_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

Sisters/Step-Sisters

_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____
_____ of _____

Number of Grandchildren _____

Number of Great-Grandchildren _____

Number of Great-Great-Grandchildren _____

Families Members who predeceased me _____

YOUR FUNERAL/MEMORIAL SERVICE

THE FOLLOWING is an indication of my wishes concerning my funeral service. My family should feel free to make changes in this as they feel necessary.

Place of Service _____

Officiating Pastor _____

Contact Information for Pastor _____

Other pastors to assist in service? _____

Contact information for other pastors _____

Favorite hymn(s) to be played or sung at your service

Organist/Pianist _____

Livestream or record service (Yes/No) _____

Special Scripture passage(s) to be read at your service

Person(s) to give witness at the service (eulogy) _____

Congregational participation (prayer, affirmation of faith, hymns, etc.), Yes/No –
Comments:

Committal service at cemetery/columbarium prior to or after the memorial service at church or chapel. Comments:

Providing parts of your body for medical research. (If yes, please attach information to this material.) Yes/No – Comments

Certain clothes to wear? Yes/No – Comments

Any other contents in casket? Yes/No – Comments

Do you desire that memorials to you be given as gifts to a church or charity?
Comments:

If a Church or Charity, please note which: _____

Pallbearers: I would like for the following persons to serve as my pallbearers if they are in good health and available. Names:

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

Alternates

_____ Phone _____

_____ Phone _____

_____ Phone _____

Honorary pallbearers? (Yes/No) _____

Seating requests for special guests or groups? Comments: _____

Requests for military honors? If so, what? _____

Additional Comments Regarding My Funeral Service:

DISPOSITION OF REMAINS

I prefer the following disposition of my remains:

Earth Burial

Name of Cemetery _____

Location _____

Have you selected a casket? _____

Do you own a plot? _____ If so, give the following: Lot No. _____

Section _____ Grave _____

Do you desire to have your casket placed in a vault? _____

If so, do you have a preference - metal or concrete? _____

Cremation

Pre-arranged with funeral home? (Yes/No) Comments: _____

Interment in church columbarium? Niche reserved? (Yes/No) Comments:

Do you prefer your cremains scattered? What location? _____

Mausoleum Entombment

Name of Mausoleum _____

Location _____

Section _____ Number _____

Memorial Tablet

Type _____

Have you already purchased the tablet? (Yes/No) Comments: _____

Any particular wording you prefer? If so, what? _____

FUNERAL EXPENSE INFORMATION

Social Security presently pays a portion of the burial costs for most persons who have paid Social Security. Also, many veterans have a funeral benefit that will help with their funeral expenses. The funeral director will take care of these matters with your family while making arrangements for your service.

Do you have a burial policy? (Yes/No) If so, please give the following information:

Policy No. _____

Company _____

LOCATION OF PERSONAL PAPERS

If you have a safe deposit box, someone other than you should also have his/her name on the user's card. Should you die without having another's name on the card, it will take a court order to open the box. This will involve legal costs and a delay in taking care of the necessary business.

Do you have a safe deposit box? (Yes/No) If so, Where? _____

Bank and Box No. _____

Who has the right, other than you, to open the box following your death? _____

Do you have a will? (Yes/No) Who prepared it? _____

_____ of _____

Where can it be found following your death? _____

Have you shared your computer and other passwords with someone? _____

"WHERE TO GO" INFORMATION

It is very useful to have the following information at a time of death.

Insurance Policies:

Type of policy (life, cancer, hospitalization, etc.)	Company & Address	Number of Policy	Where policy is located
---	-------------------	------------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks and Bonds

Type	Company & Address	Identification Number	Where located
------	-------------------	-----------------------	---------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deeds and Titles

Property	Where Located
----------	---------------

_____	_____
_____	_____
_____	_____
_____	_____

Bank Accounts:

Type (checking or savings, etc..)	Identification Number	Bank
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of other legal documents or information:

Type	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____