

FUNERAL AND MEMORIAL SERVICE PLANNING INFORMATION
Immanuel Presbyterian Church
1100 North Astor Street
Milwaukee, Wisconsin 53202
414.276.4757

**Please read the "Guidelines for Planning a Funeral or Memorial Service"
before filling out this form.**

**File this form with the church. Make copies for your records and the person(s)
responsible for making arrangements at the time of death.**

Your name: _____

Person(s) to be contacted at time of death:

Name
Address

Phone
Relationship

Name
Address

Phone
Relationship

- I have sent a copy of this form to the person(s) named above.

Funeral establishment to be contacted:

Have plans been made with this funeral establishment prior to time of death?

Yes/ date _____ No ____

Instructions for disposition of body:

___ Burial

- closed casket or
 preparation of body for viewing

___ Cremation

___ Donation for medical research (*If arranged at time of death)

Type of service:

- ___ Funeral (casket and burial afterward)
- ___ Memorial service (body buried previously or cremated)
- ___ Graveside only (service and burial)

Place of service:

- ___ Immanuel Presbyterian Church
 - Sanctuary
 - Chapel (memorial services only; no organ)
- ___ Other church (name and address)
- ___ Cemetery chapel (location)
- ___ Funeral establishment (please give name)
- ___ Graveside

Place of burial or committal (cemetery, columbarium):

- ___ Immanuel Columbarium
 - niche selected and purchased
 - family will select and purchase niche
- ___ Cemetery (name and location)

Memorials designated to

- ___ Immanuel Presbyterian Church
- ___ other (please name)

The Service of Witness to the Resurrection

Please indicate any preferences for
scriptures to be read

hymns to be sung (must be in the Presbyterian Hymnal)

music (organ, other instrumental; vocal)

Attach additional information as needed.

Signature _____

Date _____