

Memorial Planning Sheet  
Westminster Presbyterian Church  
1624 NE Hancock St. Portland, OR 97212  
503-287-1289

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Next of Kin \_\_\_\_\_ Phone \_\_\_\_\_

PREFERENCES

Clergy \_\_\_\_\_

Service location \_\_\_\_\_

Reception following \_\_\_\_\_

PLANS FOR MY SERVICE

Scripture suggestions \_\_\_\_\_

Hymn suggestions \_\_\_\_\_

Other music \_\_\_\_\_

Suggestion of people I'd like to speak, to sing \_\_\_\_\_

Memorial designations \_\_\_\_\_

Mortuary and Director \_\_\_\_\_

I prefer

\_\_\_ Interment                      \_\_\_ Entombment

\_\_\_ Medical Science      School Name \_\_\_\_\_

\_\_\_ Cremation

\_\_\_ I prefer my ashes to be scattered at (location) \_\_\_\_\_

\_\_\_ I prefer my ashes be placed at a cemetery \_\_\_\_\_

    Lot owned in the name of \_\_\_\_\_

        Section \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

        Location of lot deed \_\_\_\_\_

I have included the church in my will. Yes    No

I would like information about including the church in my will. Yes    No

## Vital Statistics and Historical Record

Legal Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Place \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Marital Status  Single  Married  Widowed  Divorced

Family Members

Name	Relationship	Contact No.
_____	_____	_____
_____	_____	_____

Occupation, or retired from \_\_\_\_\_

Employer \_\_\_\_\_

Veteran  Yes  No

Lived in this area since \_\_\_\_\_

Person (s) to be contacted in event of death

\_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Additional Information \_\_\_\_\_

I hereby authorize Westminster Presbyterian Church to place this information in my personal file in order to assist my family and the clergy in making arrangement for my Memorial/Funeral service.

Signature \_\_\_\_\_ Date \_\_\_\_\_