

TABERNACLE PRESBYTERIAN CHURCH
Indianapolis

CONFIDENTIAL STATEMENT OF FUNERAL ARRANGEMENTS

7. Pall Bearers

Regular: _____

Honorary: _____

Or

At discretion of family

8. Participating Organizations (Military/fraternal)

(I understand that the officiating clergy has the final authority on the kind and extent of participation.)

IV. DISPOSITION OF BODY

Interment Cremation or Donated for medical purposes

If donated, where? _____

or

An organization selected by the family

Have you donated organs of your body? Yes No

If yes, where is document located? _____

V. MORTUARY AND ITS SERVICES

1. Name of funeral home and any particular funeral director: _____

2. Casket: open closed discretion of family

Pall: Yes No

3. Clothing: use from current wardrobe or get new
 other _____ or discretion of family

4. Jewelry: Use the following _____

Stays on: _____

Return and to whom: _____

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VI. CEMETERY INFORMATION

1. Own property or do not own property
2. If own, the name and address of cemetery is: _____

3. If it is a family plot, describe the particular space you want used: _____

4. If you do not own, give name and address of cemetery you would like to use: _____

5. Preference: Lawn crypt Mausoleum entombment Other
6. If cremation, give disposal of ashes: in cemetery location described above
or
 Spread in following manner: _____
7. Memorial or marker: bronze or granite or other _____
With inscription (wording, emblem, etc.): _____

or
 At discretion of family

VII. PERSONAL INFORMATION

1. A biographical sketch has been prepared for newspapers use and is: attached or
 Located in _____
2. Suggest that memorial contributions be directed to: (*a list of Memorial Directives within Tabernacle Presbyterian Church is attached*) _____

or
 At discretion of family

VIII. MEMORIAL DIRECTIVE

___ Tabernacle Presbyterian Church is included in my estate plan

My attorney/financial advisor is:

Name _____

Address _____

Phone _____

Email _____

IX. COMMENTS TO FAMILY (Optional) _____

Your signature _____ Date: _____

Witness: _____ Date: _____

Pastor reviewing form: _____ Date: _____

Note: *The original of this form will be kept on file at the church and a photocopy given to you for your file. Please tell your family you have completed this form.*

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MEMORIAL DIRECTIVES
WITHIN
TABERNACLE PRESBYTERIAN CHURCH

Please check:

TABERNACLE PRESBYTERIAN CHURCH ENDOWMENT FUND

UNDESIGNATED

DESIGNATED _____

MEMORIAL FUND

UNDESIGNATED

DESIGNATED _____

SUGGESTED DESIGNATED FUNDS

EDUCATION

Children's Ministries

Youth Ministries

Adult Ministries

EVANGELISM

Media Ministry

MISSIONS

Community Missions

Global Missions

Recreation

WORSHIP, MUSIC & ARTS

Worship

Music

Arts

Carillon Fund

CONGREGATIONAL CARE

Fellowship and Hospitality

Member Benevolence

ADMINISTRATIVE

Facilities

OTHER _____

This does not override directions given in will or estate plans.