**Harvest Baptist Church**

**Salisbury, Maryland**

**My Preferences at the Time of Death**

* I prefer 🞏 funeral, 🞏 memorial service, or 🞏 graveside service only.
* I prefer 🞏 earth burial, or 🞏 cremation.
* Concerning my funeral service:

 Suggested scripture passages:

 Suggested music / hymns:

Other suggestions for the service:

 In addition to my pastor, I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the service in the following way:

 Here is what I feel are the most significant things about my life:

* I prefer to 🞏 have 🞏 not have flowers.
* I would like memorial gifts of money to be given to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and designated for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Any other comments / preferences for the pastor:

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

I 🞏 have 🞏 have not shared the information on this sheet with my spouse or close relatives.

 🞏 Check here is you would like to discuss this further with the pastor.

Print Name and Address:

Please Return this form to: Harvest Baptist Church, 119 South Boulevard, Salisbury, MD 21801

**Optional & Additional Information**

**(Fill out whatever you wish; leave the rest blank)**

* The following should be notified immediately in case of my death:

 Name Address Area Code / Phone

* Location of **a** copy of my will: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞏 I would like someone from HBC to discuss my estate with me and how I can remember HBC

 in my will.

* Location of insurance policies:
* I 🞏 am 🞏 am not a veteran. Details:
* At my death, if medical personnel request permission to do an autopsy of my body for medical purposes, I would like for my survivors to 🞏 agree to 🞏 oppose the autopsy.
* I 🞏 am 🞏 am not an organ donor. Location of pertinent records.
* I 🞏 have 🞏 do not have a living will. Location of original and copies:
* I would like my funeral arrangements to be handled by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ funeral home of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city. I 🞏 have 🞏 have not made prearrangements.
* I would like my remains to be interred at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I 🞏 do 🞏do not already have a plot there designated for me.

* Other notes (burial clothing, casket, etc…)