

FAMILY HISTORY OF

Name

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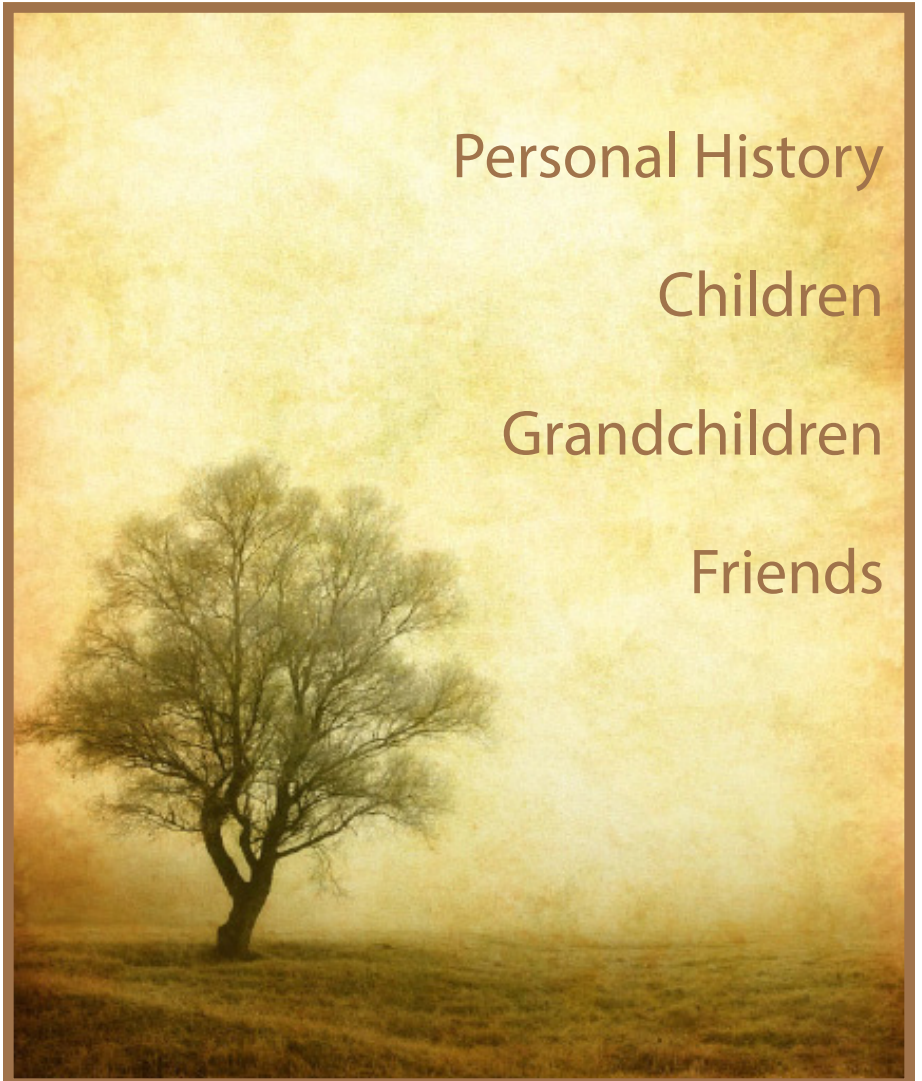
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My History



Personal History

Children

Grandchildren

Friends

Employer _____

Retired _____

Name of the Surviving Spouse

_____ (If wife, include maiden name)

Informant (in case of death)

_____ First

_____ Middle

_____ Last

_____ Relationship

_____ Address

_____ City

_____ Province

_____ Country

_____ Postal Code

_____ Home Phone

_____ Cell Phone

_____ Email

CHILDREN

1. _____
Name Phone

Address

2. _____
Name Phone

Address

3. _____
Name Phone

Address

4. _____
Name Phone

Address

5. _____
Name Phone

Address

6. _____
Name Phone

Address

7. _____
Name Phone

Address

8. _____
Name Phone

Address

GRAND CHILDREN

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

GREAT GRAND CHILDREN

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

CLOSEST FRIENDS

1. _____
Name Phone

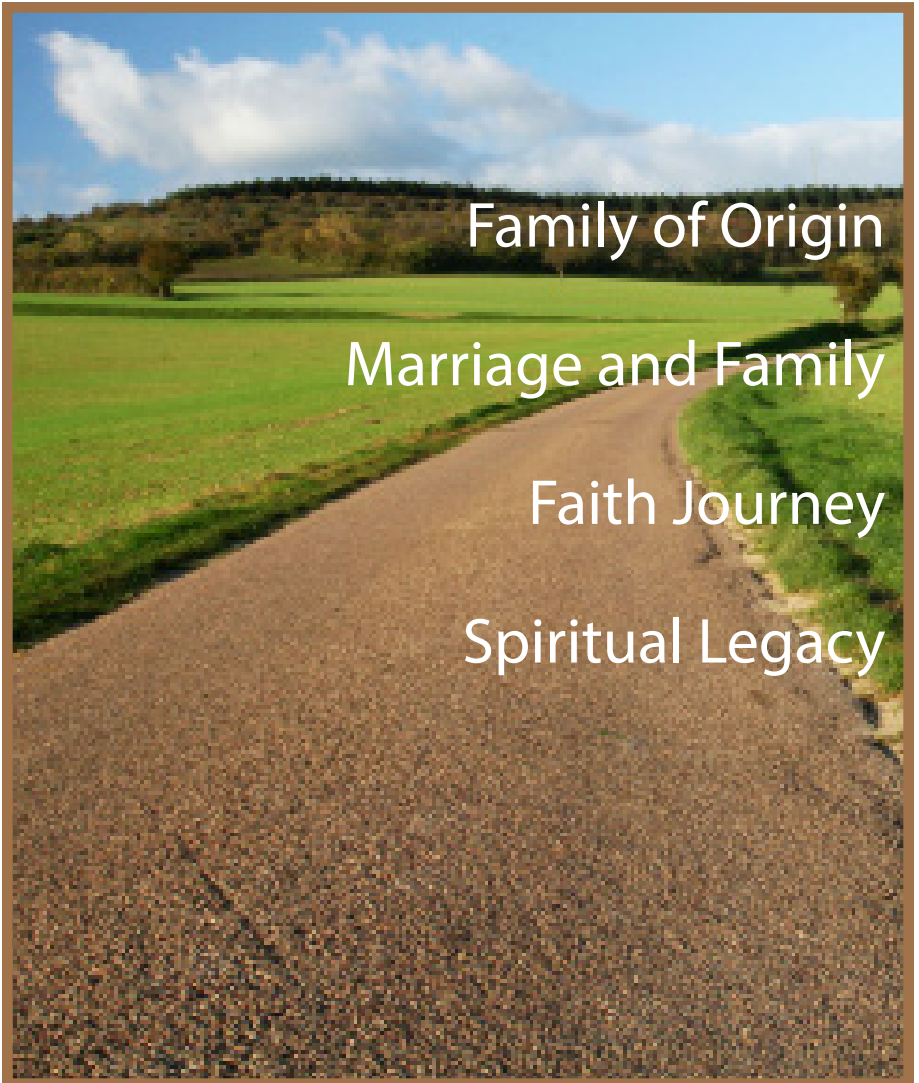
2. _____
Name Phone

3. _____
Name Phone

4. _____
Name Phone

5. _____
Name Phone

My Journey



Family of Origin

Marriage and Family

Faith Journey

Spiritual Legacy

MARRIAGE AND FAMILY

How did you meet your spouse?

Date of marriage _____

How many years have you been married? _____

What are some of the highlights of your married life?

FAITH JOURNEY

Tell about your childhood church and church life.

Who were your spiritual influencers on your journey?

How and when did you come to know Christ as your Lord and Saviour?

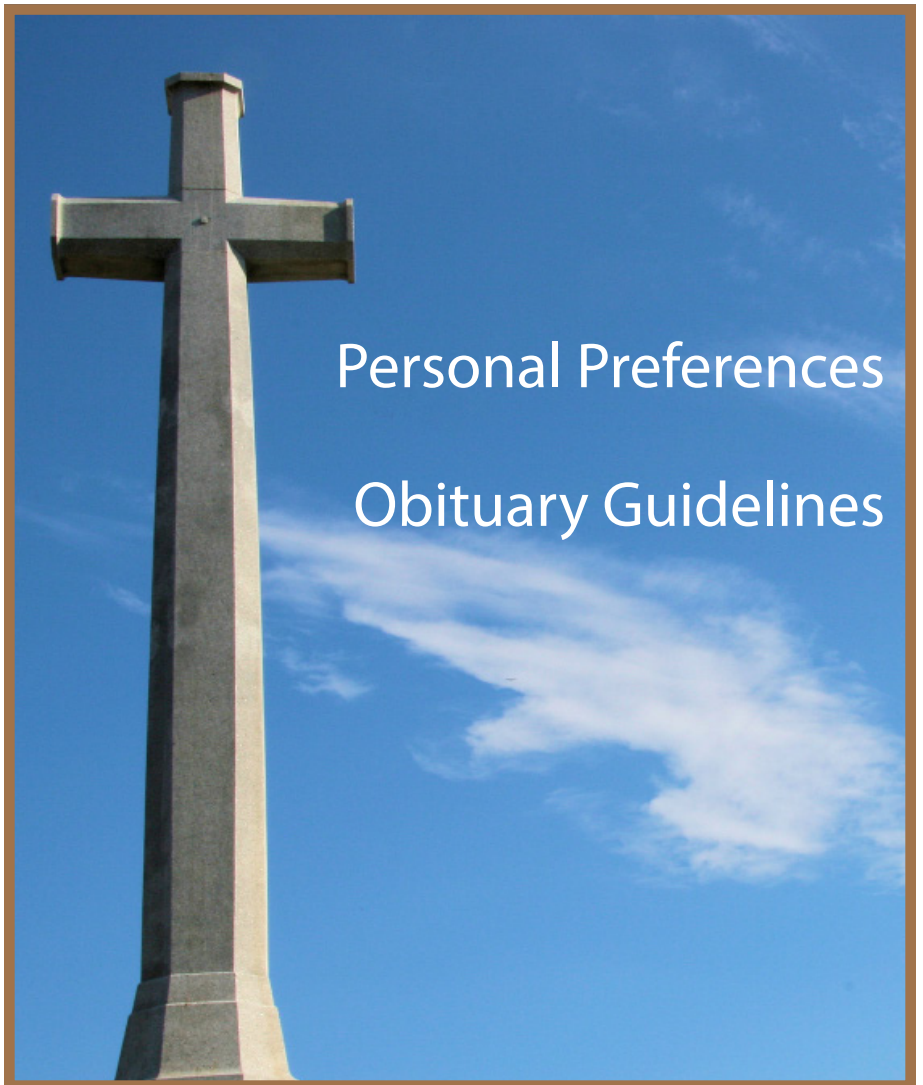
Where/when were you baptized?

Did you have "mountain top" experiences?

Do you have a "life verse"?

What activities or how have you been involved in church life?

My Memorial Service



PERSONAL PREFERENCES

Preference for Memorial Service of:

_____ Name

Place of Service: _____

Burial: Interment Cremation

Do you have cemetery property? Yes No

Location of Burial: _____

Section _____ Level _____ Row _____

Other Information:

Pastor Preference (name at least 3):

1. _____
2. _____
3. _____

Name of Church:

_____ Name Phone _____

_____ Address, City, Province, Country, Postal Code

Service Information:

1. Music:

Organist _____

Soloist _____

Music Selections

Hymns

Other information about music

2. Scripture:

Favorite Bible Passages

Scripture to be used for message

3. Eulogy:

Is your eulogy prepared? ___Yes ___No

Who should share the eulogy? _____

4. Who would you like to share remembrances at your memorial service?

(Family or friends):

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Pall Bears (if a casket) – Name 6:

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Name Phone

Visitation: Yes No Casket Open Casket Closed

Clothing from current wardrobe:

Jewelry: To stay on Return to family

Authorized persons to arrange final details:

Name Phone

Name Phone

Additional instructions or information:

Inscription you would like on your tombstone (marker):

OBITUARY GUIDELINES

- Give full name
- Give date of birth and city
- Give date of death and city
- May give cause of death if desirable
- Other areas you may wish to include:
 - ◆ Education – degrees earned
 - ◆ Career – where you spent most of your working years
 - ◆ Hobbies
- Church involvement (may include a brief statement about your faith)
- Family members preceding in death
- Family members surviving
- Time and location of memorial service
- Obituary? ___Yes ___No

In which newspaper(s)?

Name of Paper

Location

Name of Paper

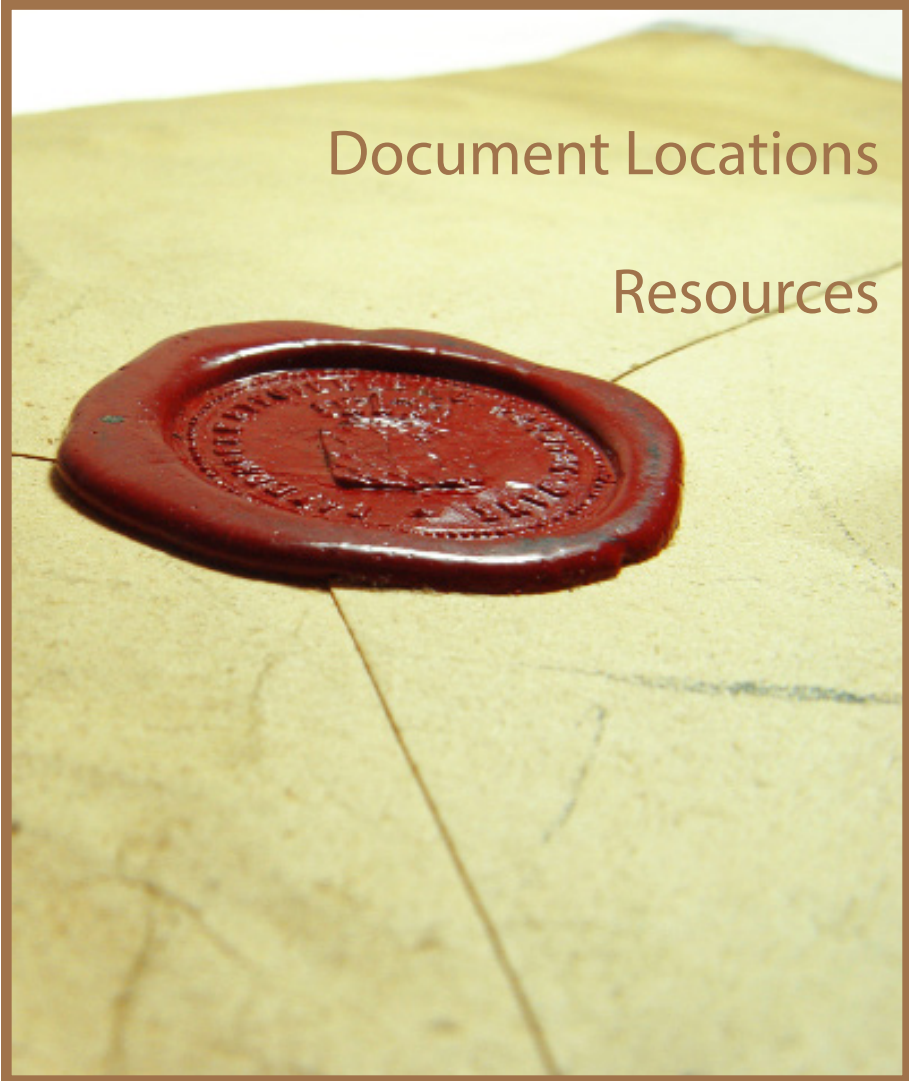
Location

Name of Paper

Location

(Obituary can be very costly. Make sure to inquire regarding cost.)

My Important Documents



Document Locations

Resources

DOCUMENT LOCATIONS

Birth Certificate _____

Children's Birth Certificate _____

Marriage Certificate _____

Last Will and Testament _____

Deed for Cemetery Property _____

Life Insurance Policies _____

Annuities _____

Safety Deposit Box _____

Bank for Checking Account(s) _____

Bank for Savings Account(s) _____

Attorney _____
Name

Address _____ Phone _____

Accountant _____
Name

Address _____ Phone _____

Financial Planner _____
Name

Address _____ Phone _____

Previous Income Tax Returns _____

I have included _____ in my will as a legacy.
Name of the Church/Christian organization

RESOURCES

Personal Alternatives Funeral Services

Website: www.personalalternative.com

E-mail: mail@pafs.net

Phone: 604-662-7700

Burquitlam Funeral Service

Phone: 604-936-9987

Memorial Society of B.C.

604-733-7705

Wiebe and Jeske Funeral Services

Phone: 604-857-0711

(Note: We have found the above organizations to be the most cost effective; however we cannot endorse one funeral provider over another.)

Organ Donor Registry

Phone: 604-877-2147

Care Ministries
Willingdon Church
4812 Willingdon Ave
Burnaby BC V5G 3H6
604.435.5544

WILLINGDON |
CHURCH |

