

Unitarian Universalist Church
Canton, New York

PERSONAL AND FAMILY HISTORY
For
MEMORIALIZATION AND/OR INTERMENT

NAME _____
(Name of person to be memorialized as you would like it inscribed on the plaque)

TODAY'S DATE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE OF DEATH _____ PLACE OF DEATH _____

FAMILY MEMBERS (Please provide name, current address including email, phone number and any other information you would like to record. Feel free to attach additional pages.)

Parents:

Spouse/Partner:

Children:

Grandchildren:

Siblings:

Other:

INTERMENT IN THE MEMORIAL GARDEN: Yes _____ No _____

BRASS PLATE INSTALLATION ON MEMORIAL PLAQUE: Yes _____ No _____

Please provide the name of a contact person with reasonably permanent address:

Name: _____ Phone number: _____

Address: _____ Email: _____

FORM COMPLETED BY: _____

Address: _____

Phone Number: _____ Email: _____

MEMORIAL SERVICE REQUESTS (Please list music, readings, objects, etc. that would be meaningful to include in the service.)

For Committee Use

Receipt of payment _____ Date of Interment _____

Location in garden (grid number/letter) _____

ADDITIONAL INFORMATION YOU MAY WISH TO SHARE IN CASE OF DEATH OR CRISIS:

Names, addresses (including email), phone numbers of other people you wish notified in case of death or crisis:

Do you (or does this person) have a Living Will? _____

Do you (or does this person) have a Health Care Proxy? _____

If so, where are these documents located?

Have you (or has this person) made a Will? _____

Where is it located? _____

Are you (or is this person) a veteran? _____

Where are the discharge papers located?

Funeral home preference (Please give address if not local.)

Who would you like to take the lead in making memorial service/funeral Arrangements?

Preferences and instructions:

Burial? _____ Cremation? _____

Donate body to science? _____ If so, where? _____

Organ donation? _____ If so, is this indicated on your driver's license?

_____ If requested, would you wish an autopsy? _____

Do you want funeral home visiting? _____ If so, is body to be shown?

_____ I would prefer to leave these arrangements to my survivors.

If you wish to be buried:

Cemetery name and location _____

Number or name of lot _____

If marker is desired, note type, size, etc. _____

Casket preferences _____

_____ I would prefer to leave these arrangements to my survivors.

If you wish cremation:

Location of interment or scattering of ashes:

If you wish interment in our church's memorial garden, have you made the necessary arrangements? _____

Would you like information about how to do so? _____

Memorial Service Arrangements:

Do you prefer a memorial service or no service at all? _____

Preferred location of service _____

Would you prefer the service to be public or private? _____

Would memorial gifts in lieu of flowers be permissible? If so, specify recipient(s) _____

Music, readings, speakers, and/or other elements you would like included in your memorial service: