



UNION CONGREGATIONAL CHURCH UNITED CHURCH OF CHRIST
 176 Cooper Avenue, Montclair, NJ, 07043-1886 Phone: (973) 744-7424 • Fax: (973)
 744-1364 • E-Mail: infouccc@unioncong.org

INFORMATION FOR FUNERAL/MEMORIAL ARRANGEMENTS

If you wish to make end-of-life arrangements in advance, it will help greatly to ease the burden on your family. Please fill out this form (type or print) and return it to the Church Office. A minister will speak with you in person, if you desire.

PERSONAL INFORMATION

Date of Form: _____

Full Name: _____
First Middle Last Maiden

Birth Place: _____ Date of Birth: _____

Home Address: _____ Apartment #: _____

_____ Home Phone: _____

Business Address: _____ Business Phone: _____

_____ Social Sec.#: _____

Marital Status: Single Married (Date: _____) Divorced Widowed

FATHER: _____ Living Deceased

Address: _____ Home Phone: _____

MOTHER: _____ Living Deceased

Address: _____ Home Phone: _____

SPOUSE: _____ Living Deceased

Address: _____ Home Phone: _____

NEXT OF KIN: _____ Relationship: _____

(If not spouse)
 Address: _____ Home Phone: _____

_____ Bus. Phone: _____

SIBLINGS

Name: _____
 Sister Brother

Address: _____

Name: _____
 Sister Brother

Address: _____

Name: _____
 Sister Brother

Address: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

CHILDREN

Name: _____
 Daughter Son

Address: _____

Name: _____
 Daughter Son

Address: _____

Name: _____
 Daughter Son

Address: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

Birthdate: _____
 Living Deceased

Home Phone: _____

Bus. Phone: _____

OTHERS TO NOTIFY UPON YOUR DEATH

PHYSICIAN: _____
Bus. Phone: _____

Address: _____

ATTORNEY: _____
Bus. Phone: _____

Address: _____

OTHER: _____
Bus. Phone: _____

Address: _____

CURRICULUM VITAE

Occupation: _____ Major Employer: _____
Position: _____ From (year) _____ To _____

EDUCATION	Institution	Diploma/Degree	Major/Minor	Year
High School	_____	_____	_____	_____
College/Univ.	_____	_____	_____	_____
Postgraduate	_____	_____	_____	_____

MILITARY SERVICE

Branch: _____ From (Year): _____ Until _____
Rank: _____ Awards: _____

Affiliations (service clubs, professional/volunteer groups, etc.): _____

Significant interests/ avocations: _____

Important honors/ awards (list years): _____

Major achievements (offices held, books authored, etc.): _____

What important aspects of your life would you like to have remembered at your service? _____

INFORMATION FOR SERVICE

Type of service desired: Memorial Service Funeral Service Committal Service
Site of Service: Sanctuary Chapel Other (specify): _____

Is the casket to be present during service? Yes No
Reception after service: Assembly Room Cole Room Other (specify): _____

Favorite Hymns: _____

Music: _____

Scriptures: _____

Poetry: _____

Participants Minister(s): _____

Eulogies by: _____

Family Reflections by: _____

Pallbearers: _____

Others: _____

DISPOSITION OF REMAINS

Funeral Director (preference, if any): _____

Do you wish to speak with a minister about funeral-home options and costs? Yes No

Do you prefer: Burial Cremation Embalming Visitation at Funeral Home

Do you desire to donate your body organs? Yes No Please specify: _____

Do you carry an organ-donor card? Yes No Donee: _____

Who else knows of this desire? _____

If body is to be interred, please specify location: _____

If body is to be cremated, please specify disposition: _____

Are ashes to be interred at UCC Centennial Garden? Yes No
Have you made advance arrangements? Yes No

OTHER INFORMATION

Would you like to speak with a minister about the choices you have for humane treatment in such end-of-life matters as "living wills", hospice care, "do-not-resuscitate" orders, and organ donation? Yes No

As a help to your fan-Lily, do you wish to record at UCC the location of important documents, and whom to contact about each upon your death (bank, insurance policies, deeds, etc.)? Yes No

Do you have a will? Yes No Date: _____ On file with: _____

Do you wish to consider a memorial bequest to Union Congregational Church? Yes No
Please specify: Foundation Fund Christian Mission Fund Building Endowment Fund

Would you like to speak with a minister about making a memorial bequest? Yes No
Do you wish to prepare an obituary to have on file at UCC? Yes No

If yes, please attach on a separate sheet of paper.

Your
Signature: _____

FOR UCC OFFICE USE

Fee for UCC Centennial Garden: Full Amount \$ _____ Deposit of \$ _____ paid on

Date of death: _____ Date of Service: _____ Minister: _____

Please use this area for special requests/supplementary information