

University Lutheran Church of Hope, Minneapolis, Minnesota

**Section I: Biographical Information**

The following will be helpful in writing an obituary and may be required to obtain a Death Certificate

**My Full Name** \_\_\_\_\_

**Place of Residence** \_\_\_\_\_  
address city state zipcode

**Social Security Number** \_\_\_\_\_

**Date and Place of Birth** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ **living/deceased**  
(circle one)

**Mother's Full Name** \_\_\_\_\_ **living/deceased**  
(circle one)

**Marital Status:** Married\_\_\_\_ Single \_\_\_\_ Widowed\_\_\_\_ Divorced\_\_\_\_

**Marriage Date** \_\_\_\_\_ **Divorce Date** \_\_\_\_\_

**Spouse's name** \_\_\_\_\_ **Deceased Date** \_\_\_\_\_

**Spouse's Occupation** \_\_\_\_\_

**Names of Children and cities of residence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of Siblings and cities of residence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grandchildren:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Great grandchildren:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Schools attended & degrees earned:** \_\_\_\_\_

\_\_\_\_\_

Occupation (include name of firm/company address, position, dates employed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Occupations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Service: \_\_\_\_\_  
Branch of service: \_\_\_\_\_ Date enlisted: \_\_\_\_\_  
Rank: \_\_\_\_\_ Date discharged: \_\_\_\_\_  
Serial or service number: \_\_\_\_\_

Church membership - Church Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Denomination: \_\_\_\_\_

Baptized? When & Where \_\_\_\_\_

Confirmed? When & Where \_\_\_\_\_

Church activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memberships (optional) (Service and community organizations, boards, clubs etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“Memorial gifts may be sent to.....” (one church-related and one secular offers a choice to those who have strong feelings either way): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of death certificates needed to process the estate (Social Security, VA, insurance policies, transfer of securities, house and other property, etc. usually obtained by the funeral director): \_\_\_\_\_

Newspaper Notices (local, out-of-town, classified notices are paid for by family, usually through the funeral director, obituary is a longer news item based on the above information, at Editor’s discretion):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II: Information about your body**

May your next of kin permit an autopsy, if requested? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* NOTE: It is important to finalize your commitment to these options before you die**

**\*\*Do you desire to be an organ donor? Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*\*Do you desire to donate your entire body? Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*\*To which institution? \_\_\_\_\_**

I prefer Burial (casket) \_\_\_\_\_ Cremation (urn or other) \_\_\_\_\_

Should there be embalmment? Yes \_\_\_\_\_ No \_\_\_\_\_

Should there be a public viewing of your open casket? Yes \_\_\_\_\_ No \_\_\_\_\_

**Concerning a cemetery burial of a casket or an urn:**

Name & address of cemetery \_\_\_\_\_

Location of plot and owner, if applicable \_\_\_\_\_

Do you need to purchase a lot? \_\_\_\_\_

My grave marker should include the following:

\_\_\_\_\_  
\_\_\_\_\_

Casket specifications: Wood \_\_\_\_\_ Metal \_\_\_\_\_ Other \_\_\_\_\_

Clothing I would like to wear: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Glasses: \_\_\_\_\_

Dentures: \_\_\_\_\_

Other: \_\_\_\_\_

**Concerning Disposition of Ashes/Cremins:** (Be sure to check on federal/state/local requirements)

I prefer my cremins to be in an urn or a container: Yes \_\_\_\_\_ No \_\_\_\_\_

I prefer the container to be buried in a cemetery \_\_\_\_\_ Location \_\_\_\_\_

I prefer the container go into a niche at a columbarium \_\_\_\_\_ Location \_\_\_\_\_

I prefer my cremins to be scattered: Location \_\_\_\_\_

By whom? \_\_\_\_\_

Other thoughts on the disposition of my ashes \_\_\_\_\_

\_\_\_\_\_

**Section III: Information concerning your personal effects**

**I have a will.**      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**A copy / copies of my will have been given to:** (i.e. family member, lawyer or ?)

\_\_\_\_\_  
\_\_\_\_\_

**Name, Address and Telephone number of my Lawyer:** \_\_\_\_\_

\_\_\_\_\_

**Name and Phone number of Personnel Director where I work:** \_\_\_\_\_

\_\_\_\_\_

**Banks in which I have accounts/ safety deposit boxes, location of keys:**

\_\_\_\_\_  
\_\_\_\_\_

**Location of trusts** \_\_\_\_\_

\_\_\_\_\_

**Location of insurance policies** \_\_\_\_\_

**Agent to contact** \_\_\_\_\_

**Location of securities, etc., broker's name** \_\_\_\_\_

\_\_\_\_\_

**Location of mortgage, car title, title to cemetery lot, leases, etc.** \_\_\_\_\_

\_\_\_\_\_

**Location of papers concerning organ donation, arrangements with medical schools, etc.**

\_\_\_\_\_

**Other information which may be useful to my survivors**

\_\_\_\_\_

\_\_\_\_\_

**Section IV: The Funeral**

Please notify the following persons upon my death

Church Name \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Clergy \_\_\_\_\_

Funeral Home \_\_\_\_\_

Phone number \_\_\_\_\_

Family and Friends (See Section V)

I would like my Funeral / Memorial Service to take place at: \_\_\_\_\_

Conducted by: \_\_\_\_\_

I request the following persons to serve as Casket Bearers (name and phone numbers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Scripture Readings:

Psalm(s): \_\_\_\_\_

OT / NT Lesson(s): \_\_\_\_\_

Gospel \_\_\_\_\_

Do you wish to have music ? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you prefer: Organ \_\_\_\_ Piano \_\_\_\_ Other \_\_\_\_\_

What are some of your favorite hymns or songs? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special requests concerning prayers? \_\_\_\_\_

\_\_\_\_\_

Do you wish to include the Lord's Prayer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Which version? \_\_\_\_\_

Do you wish to include the Apostle' Creed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other requests concerning the funeral: \_\_\_\_\_

\_\_\_\_\_

**Section V: Relatives to Notify by Telephone**

**Name**

**Phone number**

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**Others to Notify immediately by Phone**

**Name**

**Phone Number**

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**Please Notify by Letter Later**

