



**UPON YOUR DEATH:**

Do you wish to have a memorial service at First Church?  Yes  No

Who will contact us (designee) to make arrangements for your service?

\_\_\_\_\_

Are they aware of your wishes for your service?  Yes  No

Do you have a preference for who will lead the service? \_\_\_\_\_

Are there particular readings or poetry you would like included in your service?

\_\_\_\_\_

\_\_\_\_\_

Are there pictures or items you would like displayed in connection with your service? \_\_\_\_\_

\_\_\_\_\_

Is there anything specific you would not like to be included in your service?

\_\_\_\_\_

\_\_\_\_\_

Is your designee aware of your wishes regarding cremation or burial?

Yes  No Have you completed pre-arrangements?  Yes  No

If you are a church member, will your name be on the memorial stone?

Yes  No Have you completed pre-arrangements?  Yes  No

Do you plan to make a monetary donation to First Church's Operating Fund or Endowment and Memorial Gift Fund?  Yes  No

Have you served in the military?  Yes  No  
 In which branch of service ? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Will there be military honors at your service?  Yes  No

**NAMES AND BIRTH DATES OF CHILDREN:**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH

**PARENTS:**

MOTHER: \_\_\_\_\_  LIVING  DECEASED  
                     LAST                    FIRST                    MIDDLE

FATHER: \_\_\_\_\_  LIVING  DECEASED  
                     LAST                    FIRST                    MIDDLE

STEP-PARENT: \_\_\_\_\_  LIVING  DECEASED

**SIBLINGS:**

			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
LAST	FIRST	MIDDLE	
			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
LAST	FIRST	MIDDLE	
			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
LAST	FIRST	MIDDLE	

In order for the ministers to have information about you that allows them to personalize your memorial, please provide the following information:

What significant events (including dates) have had a great impact on your life (i.e. school, degrees, jobs, places lived, experiences, etc.)? Feel free to continue on a separate sheet.

---

---

---

---

---

---

---

---

---

---

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please make a copy of this document for your own records  
and return the original to the church at :**

**The First Unitarian Church of Dallas  
4015 Normandy Avenue  
Dallas, TX 75205**