



First Presbyterian Church

302 West Whitner Street ~ Anderson, SC 29624

Funeral Wishes Form

First Presbyterian Church of Anderson, SC encourages its members to indicate their wishes for their funeral in advance. Please indicate your desires below and feel free to provide additional information if you wish. You may update this information at any time. It will be placed on file and will remain confidential.

1. Personal Information:

- a. Full Legal Name: _____
- b. Street Address : _____
- c. City: _____ State: _____ Zip Code: _____
- d. Telephone (Home): _____ (Mobile): _____
- e. E-Mail Address: _____

2. Relative / Friend to Contact:

- a. NAME: _____
- b. Relationship: _____
- c. Street Address : _____
- d. City: _____ State: _____ Zip Code: _____
- e. Telephone (Home): _____ (Mobile): _____
- f. E-Mail Address: _____

3. Service Wishes:

In a funeral service, the body of the deceased is present. In a memorial service, the body is not present (either because there has first been a private service for family members or the body has been cremated or donated to medical science)

Please check off your choice(s):

- a. I want a funeral service.
I want a memorial service.

Return this form to the Administrative Assistant
E-mail: Information@FPCAndersonSC.com OR Fax: 864-225-2552 OR by Mail.



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- b. I want a service at First Presbyterian Church.
 I want a service at the funeral home chapel.
 I want a graveside service only.
 I want a private graveside service for family members, followed by a Memorial First Presbyterian Church.

- c. I want my casket to be covered with a religious funeral pall.
 I want my casket to be covered with flowers.
 Please Note Flower Preference _____
 I want my casket to be covered with the American flag (Service Veterans)

- d. I want to have a time for people to visit my family at the
 Funeral Home
 Church
 Other: Please specify: _____

4. Scripture and Music Preferences:

- a. If possible, I want the following passages of scripture read:

- b. If possible, I want the following hymns and other instrumental music to be used:

- c. If possible, I want my service to include the following vocal music:

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d. At my service, I want the congregation to sing the following:

5. Military Service or Status:

a. I am a veteran. Yes No

b. I want full military rites performed.

• Branch of service: _____

• Years of service: From _____ To _____

6. Flowers, Memorials, and Gifts:

a. I prefer to have flowers.

b. In lieu of flowers, I prefer to have memorial contributions made to First Presbyterian Church or the following:

c. I want information on how, in my will, I can remember God's work through First Presbyterian Church.

7. Service and Burial Arrangements:

a. (If applicable) I want the following funeral home/director to handle the arrangements:

b. (If applicable) I want my body to be buried at

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c. (If applicable) I want to be cremated and my ashes buried at

OR Scattered at _____

8. Legal Considerations:

- a. I have an up-to-date will.
- b. I have a Living Will.
- c. I have a Durable Health Care Power of Attorney. †

9. Additional Instructions or Wishes:

Signature: _____ **Date:** _____

Print Name: _____

Witness (optional): _____

(U S A)