



Date _____

UNITARIAN UNIVERSALIST CONGREGATION OF ASHEVILLE

One Edwin Place, Asheville, NC 28801

Tel: (828) 254-6001

MEMORIAL SERVICE/FUNERAL ARRANGEMENTS

This form is for the confidential use of the ministers and others you select to receive copies. Please complete this form and attach copies of readings or music you would like to use. We encourage you to update this form when it is appropriate. Having this information on file enables your ministers to serve you and your family in the event of your death.

Please call the office if you wish to receive additional copies of this form. To receive assistance with completing this form or to facilitate a family discussion regarding decisions, call and make an appointment with one of the ministers.

Name _____ Birth Date _____

Spouse/Partner's Name _____

Address _____

City, State, Zip _____

Phone(s) _____

FUNERAL ARRANGEMENTS

Have you selected a funeral home? If so, which one? _____

What arrangements do you wish?

Burial Military Honors (specify service _____)

Cremation Green burial

Organ donation Other _____

Donate body to science (must be contracted prior to death)

Where do you wish burial or the interment or scattering of ashes?

UUCA Memorial Garden (ashes only) Other _____

If Memorial Garden, have you completed a contract form?

Yes, on file at UUCA No, please send me one

Do you have special requests, including funeral/memorial arrangements or donations & music, poetry, or writings you want included?

Yes No If yes, please attach to this form.