

COGENY Home-Going Service Form

Name: _____ Dated _____

To those who will make decisions for my Christian Home-Going / Funeral:

Please know that I have given prayerful thought to the service / worship following my passing. The following are my preferences. I realize that circumstances may apply which will make it impossible to fulfill every suggestion/preference. I offer my preferences in advance as a gift to those who will plan the service for my Home-Going/ Funeral.

My full name including my maiden name is: _____ Date of birth _____

Where I was born: _____ Parents _____

My will and other important documents are located at and/or with: _____

If the pastor of my church is not available, I would like Rev. _____ to be asked to preach or officiate at the service. In addition to my pastor (Rev. _____), I would like the following people to be asked to participate in some way during the service, at the wake or at the repass: _____

I would like the following persons or relatives to serve as pall bearers if possible: _____

I would like the following persons to read a scripture: _____

Some of my favorite scriptures are: Old Testament: _____ New Testament _____

I would like the song(s) _____ to be sung as a solo by _____

Some of my Favorite Hymns/Worship Songs are: _____

Would like the service to be held: My Home Church or _____

Would like to be dressed as follows: _____

Desire that my remains are present at the Home-Going Service/Funeral: Yes No

I desire that the committal portion take place at the: Cemetery Church Either is fine

I prefer that my body be: Buried in a Cemetery Cremated Donated to Medical Research

I have purchased a cemetery plot located at: _____ (policy# _____)

I have a made provision in my will or Life Insurance for a donation to be given to the Ministry: Yes No Plan to

I would prefer that memorial gifts be given towards: _____

I have in place a life insurance, a pre-paid funeral policy or funds set aside for my burial cost? Yes No

I would like information on how to include the church as a beneficiary in my life Insurance policy and Last Will.

Additional preferences, biographical history and information are on the back of this page

My Signature: _____ Date _____

Witnessed by: _____ Date _____

Witnessed by: _____ Date _____

* A Church contact person can be provided as a liaison to help accommodate these arrangements where possible.