

UNIVERSITY BAPTIST CHURCH
1219 University Ave. SE
Minneapolis MN 55414
612-331-1768

INSTRUCTIONS FOR MY FUNERAL OR MEMORIAL SERVICE

Name _____ Email _____

Home Address _____ City, State, Zip _____

Telephone (_____) _____ Date of Birth: _____

Do you have a living will or advanced directive? Yes___ No___

Please notify the following people at the time of my death:

Name	Relationship	Phone Number

(Additional names and telephone numbers may be noted on another page to be attached to this document)

Mortuary or cremation service to be called: _____

Address _____

Phone _____

I wish a funeral with body present: Yes___ No___ I wish a formal viewing: Yes___ No___

Burial at (please give address): _____

I prefer cremation for my body: Yes ___ No___

If yes, where will ashes be sent? _____

Church, mortuary or other locale for my service: _____

Time of day for my service: _____

Clergy person(s) to conduct my service: _____

Additional persons to speak or read at my service:

Passages scripture, prose and/or poetry to be read at my service: _____

Music for my service:

Songs for congregation to sing:

Instrumental Music: Musicians: _____

Selections: _____

Vocal Music: Singer(s): _____

Selections: _____

Suggestions for the graveside service (if any): _____

Total expenditures for my funeral and burial should not exceed \$ _____

Rather than flowers, I suggest a memorial offering to: _____

Other information not included in the above instructions or attach a separate page: _____

It is understood that the University Baptist Church of Minneapolis assumes no financial or other legal responsibility in connection with these arrangements.

Signed _____ Date _____

City, State, Zip _____

COVID ADDENDUM

Please use this space to share your thoughts about the role of online or digital technology for your funeral or memorial service. This may be essential during the COVID-19 pandemic when in-person services are not possible or are limited.