



Southminster Presbyterian Church

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Expression of Personal Wishes for Procedures at the Time of Death

Name _____

Address _____

Phone - Home _____ Cell _____

Email _____

Please check the appropriate statements, fill in the necessary blanks, and cross out any inappropriate terms.

I, _____, (print full name)
request the following procedures at the time of my death:

1. Clergy

That, in addition to the Pastor(s) of the Southminster Presbyterian Church, the following member of the clergy be invited to assist in the worship:

2. Funeral Director

That the following funeral director be responsible for the arrangements as indicated on this form:

3. Treatment of the Body

A. Medical Research

____ That my body be sent to the following medical school or scientific center for the promotion of anatomical or scientific studies:

(These arrangements should be made in advance with the funeral director and the Anatomical Board of Pennsylvania.)

- ___ That permission is hereby granted for the removal of body parts and/or organs:
- ___ A. for the use of living persons who may benefit from them;
 - ___ B. for use in research; or
 - ___ C. for organ transplants (e.g., eyes, inner ear, heart, kidneys, liver, etc.) Organ donor cards can be obtained at your local *Registry of Motor Vehicles* or downloaded from the *Organ and Tissue Donor Initiative* web site: <http://www.organdonor.gov/>.

B. Mortuary Preparation

- ___ That my body be cremated.
- ___ That my body be buried (with)/(without) embalming.
- ___ That my body should not be “viewed.”
- ___ That my body should be “viewed” only by the immediate family.
- ___ That the matter of “viewing” be left to the discretion of my immediate family.

4. Visitation

- ___ Yes, at:
- ___ church
 - ___ home
 - ___ funeral home with
 - ___ casket open
 - ___ casket closed
- ___ No

- Prefer family to receive visitors at church
- ___ prior to service
 - ___ after service

5. Final Disposition

- ___ That my ashes be (buried)/(scattered), preferably in:
 _____ (name of place)
- ___ That my body be buried, preferably in:
 _____ (name of place)

6. The Christian Funeral/Memorial Service

As used here, the terms Funeral and Memorial Service may be defined as follows: A *Funeral* is a service in which the body of the deceased is present. A *Memorial Service* is one in which the body of the deceased is not present.

___ That there be a private interment followed by a Memorial Service in the:
(Church) / (Chapel) / (Home) / (Funeral Home)

___ That there be a (public)/(private) Funeral in the:
(Church) / (Chapel) / (Home) / (Funeral Home)

___ That, if possible, the following passages of Scripture be read:

___ That, if possible, the following hymns be sung:

7. Memorial Contributions

That memorial contributions be sent to:

8. Additional Instructions

You may provide more detailed instructions to amplify any of the above wishes on the back of this paper.

Signature: _____

Witness: _____

Date: _____

Name of Attorney (optional): _____

I wish copies of this document to be sent:

- ___ to me
- ___ to the funeral director
- ___ to my attorney