

*an act of
Love*



Williamson's Chapel
United Methodist Church
Mooresville, North Carolina



575 Brawley School Road, Mooresville, NC 28117
704.660.3680 | willchapumc.org

TABLE OF CONTENTS	
PAGE	
4	MESSAGE TO MY LOVED ONES
5	PERSONAL & FAMILY INFORMATION
6	EDUCATION & EMPLOYMENT INFORMATION
7	ADDITIONAL CONTACTS & NOTES
8 - 9	FINANCIAL INFORMATION
10 - 11	LOCATION OF IMPORTANT DOCUMENTS
12	FUNERAL SERVICE SUGGESTIONS
13	SUGGESTED ORDER OF WORSHIP
14	HYMNS / SACRED MUSIC SUGGESTIONS
15	SCRIPTURE SUGGESTIONS
16	FUNERAL SERVICE PARTICIPANTS
17	PERSONAL REFLECTIONS
18 - 19	FAMILY & FRIENDS TO BE CONTACTED

FRIENDS & RELATIVES TO BE CONTACTED		
NAME	CONTACT INFO	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	
	Phone	Email
	Address	

[illegible]

Rev. Mark Pitts
Associate Pastor
of Congregational Care

MESSAGE TO MY LOVED ONES

My love for you has compelled me to record the information contained in this booklet for your peace of mind. My wish for you is that you might make it through this difficult time with as little grief as possible. There are many aspects of my life that I have recorded so that your decisions and stress will be minimal and you will be able to support one another during this time of transition.

There is no need to worry or agonize over the many difficult decisions that must be made. Simply use this record of my life and consider my wishes for guidance.

There are countless options available to personalize a service and tailor it for the unique individual it is designed to represent. Funerals are times for loved ones and friends to gather in support and celebration. Above all, remember the life, love and memories we have shared will remain strong long after any memorial service has been completed.

Signature _____

Date _____

Witness _____

PERSONAL REFLECTIONS

Experiences in my life that have been especially meaningful ...

My earliest memories at Williamson’s Chapel UMC ...

Other churches of which I have been a member or participant ...

Personal Reflections ...

FUNERAL SERVICE PARTICIPANTS

Do you have any family member or friend whom you would like to participate in the funeral? In what way?
(read Scripture, share memories, play/sing special music, pall bearer)

NAME	REQUEST / CONTACT INFO
	Request
	Phone Email
	Request
	Phone Email
	Request
	Phone Email
	Request
	Phone Email
	Request
	Phone Email
	Request
	Phone Email

Any additional requests for the funeral service:

PERSONAL & FAMILY INFORMATION

Name	Title	First	Middle	Last	Suffix	Maiden
Address	City	State			Zip	County
Phone	Home		Office		Mobile	
Email						

Sex	M	F	Social Security #			
Date of Birth		Place of Birth	City	County	State	Country
Marital Status	Single	Married	Widowed	Divorced		
Name of Spouse	First	Middle	Last	Maiden		
Date of Marriage		Place of Marriage	City	County	State	Country

CHILDREN	LIVING?	
	Yes	No
Names of		
Children		

PARENTS / SIBLINGS	LIVING?	
	Yes	No
Father’s Full Name		
Mother’s Full Name		
Siblings		
Names		

EDUCATION & EMPLOYMENT INFORMATION

EDUCATION

Elementary School	School Name	
	City	State
Junior High Middle School	School Name	
	City	State
High School	School Name	Year Graduated
	City	State
Community College / Trade School	School Name	Year Graduated
	City	State
	Degrees Earned	
College / University	School Name	Year Graduated
	City	State
	Degrees Earned	
Masters / Doctorate	School Name	Year Graduated
	City	State
	Degrees Earned	
Employer (most current)	Number Years Employed (from / to)	Occupation
Employer (previous)	Number Years Employed (from / to)	Occupation
Retired ... Yes No	Retired from	Year Retired

SCRIPTURE SUGGESTIONS

The following scriptures are selections which are frequently used.

THE PSALMS | The Psalm may be used as either responsive readings or selected verses from select passages.

Psalm 23	Psalm 44	Psalm 46	Psalm 90
Psalm 103	Psalm 116	Psalm 121	Psalm 145
Psalm 148	Psalm 43	Psalm 130	Psalm 46:1
Psalm 91	Psalm 139	Psalm 10	Psalm 33:1-3
Psalm 124:8	Psalm 9:1-4	Psalm 139:1-12	
Psalm 103:1-2, 6-12, 21-22		Psalm 27:1, 4-8, 13, 14	

OLD TESTAMENT READINGS

Exodus 14:5-14	Proverb 31:10-31	Ecclesiastes 3:1-8	Isaiah 43:1-3
Isaiah 44:6	Isaiah 46:28-31	Isaiah 61:1-6	Isaiah 65:17-25
Isaiah 43:1-3, 5-7, 13, 15, 18-19, 25 103		Isaiah 55:1-2, 6-13	

NEW TESTAMENT READINGS

Luke 24:13-35	John 3:16-21	John 11:1-4, 20-27, 32, 35, 38-44
John 14:1-4, 25-27	Romans 14:7-9	Romans 8:31, 35, 37, 38-39
Ephesians 1:15-23	Ephesians 2:1-10	I Corinthians 15:20-26, 35-38, 42-44
Philippians 4:4-7, 11-13	2 Timothy 4:7-8	I Peter 1:3-9, 13, 21-25
Revelation 1:17-18		

OTHER FAVORITE READINGS

List any other favorite Bible verses that you wish included below. *Include copies if possible.*

HYMNS / SACRED MUSIC SUGGESTIONS

Hymns or other sacred music should be a part of the worship service.

How Great Thou Art	All Hail The Power of Jesus Name
O God Our Help In Ages Past	I Danced In The Morning
Amazing Grace	This Is My Father’s World
A Mighty Fortress Is Our God	Jesu, Jesu, Fill Us With Your Love
Lift High The Cross	O Worship the King
Here I Am Lord	Crown Him with Many Crowns
Lead On O King Eternal	Be Thou My Vision
Holy, Holy, Holy	Onward Christian Soldiers
Precious Lord, Take My Hand	Great is Thy Faithfulness
Joyful, Joyful, We Adore Thee	There is a Balm in Gilead
Jesus Loves Me	

List other personal favorites here...

-
-
-

ADDITIONAL CONTACTS & NOTES

CHURCH MEMBERSHIP

Pastors Name	Church Name / Location	Phone Number
--------------	------------------------	--------------

CONTACTS

EMERGENCY CONTACT

Name	Relationship	Phone Number
------	--------------	--------------

POWER OF ATTORNEY

Name	Relationship	Phone Number
------	--------------	--------------

HEALTHCARE POWER OF ATTORNEY

Name	Relationship	Phone Number
------	--------------	--------------

ATTORNEY

Name	Company	Phone Number
------	---------	--------------

FINANCIAL PLANNER

Name	Company	Phone Number
------	---------	--------------

ORGAN DONOR

I am an organ donor: Yes No	I have chosen to donate my body, tissue, or organs for research: Yes No
-------------------------------	---

ADVANCE DIRECTIVE (LIVING WILL)

I have a living will ... Yes No	Location
-----------------------------------	----------

CURRENT ADDRESS BOOK LOCATION

Location

ADDITIONAL NOTES

FINANCIAL INFORMATION

BANK ACCOUNTS

Institution Name

Account Number

Type of Account

Address

Phone Number

Names on Account

Institution Name

Account Number

Type of Account

Address

Phone Number

Names on Account

Institution Name

Account Number

Type of Account

Address

Phone Number

Names on Account

SAFE DEPOSIT BOX

Institution Name

Contents

Box Number

Address

Phone Number

DEBTS

Institution Name

Loan Number

Type of Account

Institution Name

Loan Number

Type of Account

Institution Name

Loan Number

Type of Account

CREDIT CARDS

Institution Name

Account Number

Type (eg. Visa, MasterCard, AmEx, etc)

Institution Name

Account Number

Type (eg. Visa, MasterCard, AmEx, etc)

Institution Name

Account Number

Type (eg. Visa, MasterCard, AmEx, etc)

SUGGESTED ORDER OF WORSHIP

Celebration of Life and Resurrection

Suggested Order of Worship

Prelude

pre-service music

Processional

Pastors & Family

Words of Grace

Affirmation of Faith

The Apostles Creed

Prayer

Old Testament Lesson

selection of scripture

Witness

words of remembrance by family, friends, minister

Hymn

message in music

New Testament Lesson

selection of scripture

Proclamation of Good News

meditation

Prayer of Thanksgiving

Lord’s Prayer

Benediction

Recessional

8

Williamson’s Chapel
United Methodist Church

Williamson’s Chapel
United Methodist Church

13

FUNERAL SERVICE SUGGESTIONS

At the time of death, in the midst of their grief, it is often difficult for loved ones to select appropriate scripture readings, responsive readings, hymns, and special music. We hope that the following pages will offer suggestions and lists that may help you make selections which have special meaning for you or your family.

TAXES & INVESTMENTS

TAX RETURNS / RECORDS

Location	Accountant Name/Company	Phone Number
----------	-------------------------	--------------

INVESTMENTS

401K

Location	Contact Name/Company	Phone Number
----------	----------------------	--------------

IRA RETIREMENT PLAN

Location	Contact Name/Company	Phone Number
----------	----------------------	--------------

PENSION

Location	Contact Name/Company	Phone Number
----------	----------------------	--------------

STOCK & BOND CERTIFICATES

Stock/Bond	Contact Name/Company	Phone
Stock/Bond	Contact Name/Company	Phone
Stock/Bond	Contact Name/Company	Phone

BROKER / FINANCIAL ADVISORS

Contact Name	Company	Phone
Contact Name	Company	Phone

OTHER

Contact Name	Details	Phone
Contact Name	Details	Phone
Contact Name	Details	Phone

LOCATION OF IMPORTANT DOCUMENTS

The following documents may be necessary for establishing rights to insurance, pension, Social Security, ownership, relationship, etc.

(H) HOME | (D) SAFETY DEPOSIT BOX | (O) OFFICE | (A) ATTORNEY

BIRTH CERTIFICATE (OR OTHER LEGAL PROOF OF AGE)	
MARRIAGE LICENSE	
DIVORCE DECREE	
ADOPTION PAPERS	
PASSPORT OR CITIZENSHIP PAPERS	PASSPORT #
BILLS OF SALE, TITLES, REGISTRATION FOR VEHICLES	
BILLS OF SALE, TITLES, REGISTRATION FOR OTHER PROPERTIES (E.G. BOAT, VACATION PROPERTY, ETC)	

LOCATION OF IMPORTANT DOCUMENTS

The following documents may be necessary for establishing rights to insurance, pension, Social Security, ownership, relationship, etc.

(H) HOME | (D) SAFETY DEPOSIT BOX | (O) OFFICE | (A) ATTORNEY

DEEDS TO PROPERTY	
PLANNED FUNERAL CONTRACT AND/OR PROOF OF PAYMENT	
BURIAL PLOT OR COLUMBARIUM NICHE	
INSURANCE POLICIES	
PASSWORDS (FOR COMPUTERS, PHONES, SPECIAL ACCOUNTS, ONLINE ACCOUNTS, VOICEMAIL, ETC.)	