



# Midway Christian Church (Disciples of Christ)

123 E Bruen Street, PO Box 4548

Midway, KY 40347

Phone: 859-846-4102

Fax: 859-846-9542

Email: office@midwaychristian.org

**You may fill out EITHER or BOTH parts of this form (see reverse side).**

**This form will be held in confidence with the staff of the church until there is appropriate need.**

**RETURN this form to the address or fax number above.**

## EMERGENCY CONTACT INFORMATION

Your name(s): \_\_\_\_\_

Your address: \_\_\_\_\_

Phone #s: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(work)

Your email address: \_\_\_\_\_

Emergency Contact #1:    Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(work)

Emergency Contact #2:    Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: \_\_\_\_\_(home) \_\_\_\_\_(cell) \_\_\_\_\_(work)

Do you have a Living Will \_\_\_ and/or a Medical Power of Attorney \_\_\_? Do you have a "Do Not Resuscitate" order as part of your Medical POA \_\_\_? Other wishes if you are on medical life support?

Other instructions/things to share:

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Midway Christian Church (Disciples of Christ)

123 E Bruen Street, PO Box 4548

Midway, KY 40347

Phone: 859-846-4102

Fax: 859-846-9542

Email: office@midwaychristian.org

**You may fill out EITHER or BOTH parts of this form (see reverse side).**

**This form will be held in confidence with the staff of the church until there is appropriate need.**

**RETURN this form to the address or fax number above.**

### Funeral/Memorial Service Desires

Do you have a pre-paid funeral plan or other funeral wishes on file with a funeral home? \_\_\_\_ If so, which funeral home: \_\_\_\_\_?

Do you wish to be cremated \_\_\_\_ or buried \_\_\_\_? Do you have a plot or niche purchased \_\_\_\_? If so, where: \_\_\_\_\_?

Do you want a funeral service with casket present \_\_\_\_? Or a memorial service \_\_\_\_? *(Please note, you may request an open casket visitation, but the casket will be closed during the actual service).*

If you have been cremated, do you want your ashes present \_\_\_\_?

Hymns or songs that you would like considered for your service:

Scriptures which are especially meaningful to you:

Along with the current pastor, are there other ministers you would like to be asked to participate in your service \_\_\_\_? *(Please note, clergy ethics and church policy stipulate that the current pastor will be the service's officiant - unless she chooses to ask another minister to officiate or assist).*

Do you have particular wishes for how memorial gifts will be designated \_\_\_\_? To Midway Christian Church \_\_\_\_, and/or to other charities (names): \_\_\_\_\_

Do you wish to have your service \_\_\_\_ at the church, or \_\_\_\_ at another place (name of place): \_\_\_\_\_.

Other wishes:

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_