



Cloverdale Baptist Church

Real Truth. Real Life.



My Family Legacy

& Memorial Preparation Guide

Care Ministry at Cloverdale Baptist Church

Introduction

“My Family Legacy & Memorial Preparation Guide” is a resource to help you and your family tell your story as well as help your family plan your memorial service. It is important that you tell your story and make known your wishes while you can still remember important dates and events in your life.

This resource acts as a guide to help put down your thoughts and wishes in an orderly way. Start now, don't put it off too long as you want to work at it slowly and thoughtfully, putting your thoughts in order. When you have finished, keep a copy for yourself among your “important papers”, and make sure to tell your children where those important papers are kept.

So, start now and enjoy the journey of telling your story. Feel free to add you own pages or pictures of important details that are unique to you.

God bless you,

Pastor Ray Dueck

Family History of

FULL NAME (FIRST, MIDDLE, LAST)

➤ My History

Personal History

Children

Grandchildren

Friends

Personal History

Legal Name

.....
FIRST

MIDDLE

LAST

Residence

.....
ADDRESS

CITY

.....
PROVINCE

COUNTRY

POSTAL CODE

Contact Information

.....
HOME PHONE

CELLPHONE

.....
E-MAIL

Other Information

.....
BIRTH DATE

BIRTH PLACE

.....
AGE

FEMALE MALE

RACE/ETHNICITY (PLEASE SPECIFY)

.....
SOCIAL INSURANCE NUMBER (OPTIONAL)

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

.....
EMPLOYER

RETIRED

**Surviving
Spouse**

.....
FULL NAME (IF WIFE, MAIDEN NAME)

**Informant
(in case of death)**

.....
FIRST MIDDLE LAST

.....
RELATIONSHIP (SON, DAUGHTER, GRANDCHILD, ETC)

.....
ADDRESS CITY

.....
PROVINCE COUNTRY POSTAL CODE

.....
HOME PHONE CELLPHONE

.....
E-MAIL

Children

1.
NAME PHONE
.....
ADDRESS
2.
NAME PHONE
.....
ADDRESS
3.
NAME PHONE
.....
ADDRESS
4.
NAME PHONE
.....
ADDRESS
5.
NAME PHONE
.....
ADDRESS
6.
NAME PHONE
.....
ADDRESS
7.
NAME PHONE
.....
ADDRESS

Grandchildren

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Great-Grandchildren

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Closest Friends

1.
NAME PHONE

2.
NAME PHONE

3.
NAME PHONE

4.
NAME PHONE

5.
NAME PHONE

➤ My Journey

Family of Origin

Marriage and Family

Faith Journey

Spiritual Legacy

Where and when were you baptized?

.....

Did you have special or "mountain top" experiences that changed the direction of your life?

.....

.....

.....

.....

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.....

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.....

.....

Do you have a "life verse"?

.....

.....

.....

.....

.....

.....

What activities or how have you been involved in church life?

.....

.....

.....

.....

.....

.....

➤ My Memorial Service

Personal Preferences
Obituary Guidelines

Personal Preferences

Preference for Memorial Service of:

.....
NAME

.....
PLACE OF SERVICE

BURIAL INTERMENT CREMATION

DO YOU HAVE CEMETERY PROPERTY? YES NO

.....
LOCATION OF BURIAL

.....
SECTION

LEVEL

ROW

Other Information

.....
.....
.....
.....

Pastor Preference (name at least 2):

.....
OPTION 1

OPTION 2

OPTION 3

.....
NAME OF CHURCH

PHONE

.....
ADDRESS

CITY/PROVINCE

COUNTRY

POSTAL CODE

Service Information

1. Music

.....
PIANIST

.....
SONG LEADER

.....
SPECIAL MUSIC

SONG SELECTIONS:

.....
.....
.....
.....

OTHER INFORMATION ABOUT MUSIC:

.....
.....
.....
.....

2. Scripture

FAVORITE BIBLE PASSAGES:

.....
.....
.....
.....

SCRIPTURE TO BE USED FOR MESSAGE:

.....
.....
.....

3. Eulogy

IS YOUR EULOGY PREPARED? YES NO

WHO SHOULD SHARE OR GIVE THE EULOGY? (LIST 2 NAMES IN CASE OF CONFLICT)

.....

4. Who would like to give remembrances at your memorial service? (Family/Friends)

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

.....

NAME	RELATIONSHIP	PHONE
------	--------------	-------

Pallbearers (if a casket). Name 6:

.....

NAME	PHONE
------	-------

.....

NAME	PHONE
------	-------

.....

NAME	PHONE
------	-------

.....

NAME	PHONE
------	-------

.....

NAME	PHONE
------	-------

.....

NAME	PHONE
------	-------

Visitation:

YES NO

CASKET OPEN CASKET CLOSED

Clothing from current wardrobe:

.....
.....
.....
.....

JEWELRY: TO STAY ON RETURN TO FAMILY

Authorized persons to arrange final details:

..... NAME PHONE
..... NAME PHONE
..... NAME PHONE

Additional Instructions or information:

.....
.....
.....
.....
.....

Inscription you would like on your tombstone (marker):

.....
.....
.....

Obituary Guidelines

- Give full name
- Give date of birth and city
- Give date of death and city
- May give cause of death if desirable
- Other areas you may wish to include:
 - Education: degrees earned
 - Career: where you spent most of your working years
 - Hobbies
- Church involvement (may include a brief statement about your faith)
- Family members preceding in death
- Family members surviving
- Obituary? Yes No

In which newspaper(s)?

.....
NAME OF PAPER

LOCATION

.....
NAME OF PAPER

LOCATION

.....
NAME OF PAPER

LOCATION

**(Obituary costs are determined per word. Make sure to inquire regarding cost)*

➤ My Important Documents

Document Locations

Resources

Document Locations

.....
BIRTH CERTIFICATE

.....
CHILDREN'S BIRTH CERTIFICATE

.....
MARRIAGE CERTIFICATE

.....
LAST WILL AND TESTAMENT

.....
DEED FOR CEMETERY PROPERTY

.....
LIFE INSURANCE POLICIES

.....
ANNUITIES

.....
SAFETY DEPOSIT BOX

.....
BANK FOR CHECKING ACCOUNT(S)

.....
BANK FOR SAVINGS ACCOUNT(S)

.....
LOCATION WHERE PASSWORDS ARE STORED



Make sure to let your heirs know where you keep your passwords to your computers, cell phones, financial assets such as banking, PayPal, Facebook, etc. Or you can use a cyberwill, set up to keep all of your online account information in one location. In order to access the information, you need to know the social insurance number of the deceased or disabled person, which makes them fairly secure. (Assetlock, LegacyLocker or SecureSafe, etc). Note: there would be a fee for these services.

Attorney

.....
NAME

.....
ADDRESS

.....
PHONE

Accountant

.....
NAME

.....
ADDRESS

.....
PHONE

Financial Planner

.....
NAME

.....
ADDRESS

.....
PHONE

.....
PREVIOUS INCOME TAX RETURNS

.....
ADDRESS

.....
PHONE

I HAVE INCLUDED IN MY WILL AS A LEGACY.
(name of Church/Christian organization)

Resources

Alternatives Funeral & Cremation Services

Website: www.myalternatives.ca

Email: mail@pafs.net

Phone: 604-662-7700

Burquitlam Funeral Service

Phone: 604-936-9987

Memorial Society of B.C.

Website: www.memorialsocietybc.org

Phone: 604-733-7705

Bakerview Community Crematorium & Celebration Centre

Website: bakerviewcrematorium.com

Phone 604-820-8844

Wiebe and Jeske Funeral Services

Phone: 604-857-0711

(Note: We have found the above organizations to be independently owned and to be the most cost effective. However, we cannot endorse one funeral provider over another.)

Organ Donor Registry

Phone: 1-800-663-6189



Cloverdale Baptist Church

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