

3. Preferences concerning a service:

Scripture readings: _____

Hymns: _____

Special music: _____

Other elements: _____

Ideas or thoughts which might be included in the sermon at the service: _____

4. Other information

Do you have a will? Yes ___ No ___ If yes, where is it? _____

Who is the executor? (list name, address, and telephone number): _____

Have you signed a "Power of Attorney?" Yes _____ No _____

To whom have you assigned your "Power of Attorney?"

Do you have a "living will?" Yes _____ No _____

(A living will is a document which provides instructions for someone to be responsible for your health care should you be unable to do so.)

The name of the person designated in your "living will:" _____

Please remember to instruct your relatives that your deaconess cross is to be returned to the Community.

Signature: _____ Date: _____