

**FUNERAL AND MEMORIAL SERVICE PLANNING INFORMATION**  
**Immanuel Presbyterian Church**  
**1100 North Astor Street Milwaukee, Wisconsin 53202**  
**414.276.4757 ipc@immanuelwi.org**

**Please read the "Guidelines for Planning a Funeral or Memorial Service"  
before filling out this form.**

**File this form with the church. Make copies for your records  
and the person(s) responsible for making arrangements at the time of death.**

Your name: \_\_\_\_\_

Person(s) to be contacted at time of death:

Name  
Address

Phone (home/work/cell)  
Relationship

Name  
Address

Phone  
Relationship

- I have sent a copy of this form to the person(s) named above.

Funeral establishment to be contacted:

Have plans been made with this funeral establishment prior to time of death?

Yes/ date \_\_\_\_\_ No \_\_\_\_

**Instructions for disposition of body:**

- \_\_\_ Burial  
closed casket or preparation of body for viewing?  
\_\_\_ Cremation  
\_\_\_ Donation for medical research (\*If arranged at time of death)

**Type of service:**

- \_\_\_ Funeral (casket and burial afterward)  
\_\_\_ Memorial service (body buried previously or cremated)

**Place of service:**

- \_\_\_ Immanuel Presbyterian Church
  - Sanctuary
  - "Upper Room" Chapel (memorial services only)
- \_\_\_ Other church (name and address)
- \_\_\_ Cemetery chapel (location)
- \_\_\_ Funeral establishment (please give name)

**Place of burial or committal (cemetery, columbarium):**

- \_\_\_ Immanuel Columbarium
  - niche has been selected and purchased
  - family will select and purchase niche
- \_\_\_ Cemetery (name and location)

**Memorials** designated to:

- \_\_\_ Immanuel Presbyterian Church
- \_\_\_ other (please name)

**The Service of Witness to the Resurrection**

Please indicate any preferences for  
Scriptures to be read

Hymns to be sung (must be in the Presbyterian hymnal)

Other music (organ, other instrumental, vocal; note that fees apply)

Attach additional information as needed.

Signature \_\_\_\_\_

Date \_\_\_\_\_