

Date Completed: _____

**FRIENDS AND MEMBERS OF CELEBRATION PRESBYTERIAN CHURCH, MYRTLE BEACH, SC
IMPORTANT CONTACT INFORMATION**

In an effort to keep our records current and to be able to provide the best pastoral care and community support for each person at Celebration, please help by providing the following information:

FULL LEGAL NAME _____

PREFERRED (NAME YOU GO BY) _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

E-MAIL _____

BIRTHDATE _____

CURRENT AGE _____

PREFERRED EMERGENCY CONTACTS:

NAME _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP _____

NAME _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP _____

NAME _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP _____

NAME _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

RELATIONSHIP _____

I HAVE PREARRANGED MY FUNERAL/CREMATION PLANS YES _____ NO _____

FUNERAL HOME/CREMATION CHOICE _____

ADDRESS _____

NAME OF FUNERAL DIRECTOR/CONTACT _____

PHONE _____ CELL PHONE _____

LOCATION OF INTERNMENT/CEMETERY/COLUMBARIUM _____

INFORMATION I WANT MY PASTOR/CHURCH TO KNOW REGARDING MY MEMORIAL SERVICE:

____ I DESIRE A MEMORIAL SERVICE AT CELEBRATION PRESBYTERIAN CHURCH

____ I DESIRE A MEMORIAL WORSHIP SERVICE AT _____ CHURCH

LOCATED IN _____

CHURCH CONTACT _____ PHONE _____

____ I DESIRE A MEMORIAL WORSHIP SERVICE AT THE FUNERAL HOME/CREMATORIUM

____ I DESIRE A GRAVESIDE SERVICE

I WOULD LIKE TO INCLUDE _____ AS A GUEST MINISTER/SPEAKER

FAVORITE SCRIPTURES I WOULD LIKE INCLUDED IN MY MEMORIAL SERVICE

FAVORITE HYMNS I WOULD LIKE INCLUDED IN MY MEMORIAL SERVICE

SPECIAL MUSICAL SELECTIONS I WOULD LIKE INCLUDED IN MY MEMORIAL SERVICE AS PRE-SERVICE OR POST-SERVICE OR AS A SOLO PIECE

PLEASE LIST ANY OTHER PERTINENT INFORMATION HERE _____

THANKS FOR SHARING THIS VITAL INFORMATION! PLEASE KNOW THAT WE WILL KEEP IT CONFIDENTIAL!