

## **Spokane Valley UMC Last Wishes Form**

*We invite you to fill out this form with as much information as you are able to help your loved ones and your pastor plan your celebration of life!*

Today's Date: \_\_\_\_\_

### **Contact Information**

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

Previous Names and/or Nicknames: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **Medical Directive Information**

Do you have a Polst (Physician Orders for Life Sustaining Treatment) Form or Advanced Directive?

Yes \_\_\_ No \_\_\_

If yes, please list the location: \_\_\_\_\_

*At the completion of my course of life on earth, I would like my family and friends to use the following wishes and suggestions (please make note in the space provided below):*

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### **Burial Arrangements or Earthly Remains Directions**

What (if any) prepaid arrangements do you have?

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Do you have a will? Yes \_\_\_ No \_\_\_ If yes, list location or law office: \_\_\_\_\_

Are you a military veteran and eligible for an American flag or Military Honors? Yes \_\_\_ No \_\_\_

Preferred Funeral Home/Crematory: \_\_\_\_\_

If available, please provide any additional information for the following:

Cemetery: \_\_\_\_\_

Cremation (Urn) or Embalming (Casket): \_\_\_\_\_

Burial Plot Location: \_\_\_\_\_

Niche Location: \_\_\_\_\_

If scattering of ashes is preferred, list location: \_\_\_\_\_

If donated to science is preferred, list institution: \_\_\_\_\_

### **Memorial or Funeral Service Wishes**

Location of Service: \_\_\_\_\_

Viewing prior to service: Yes \_\_\_ No \_\_\_

Casket closed: Yes \_\_\_ No \_\_\_

Interment/Committal Service: \_\_\_ Private. \_\_\_\_\_ Public.

Who would you like to participate in the service (family, friends, colleagues, pastors)?

_____	_____
_____	_____
_____	_____
_____	_____

Favorite Hymns/Music\*:

_____
_____
_____

\* There are generally three congregational hymns, instrumental pieces for the Gathering Music and postlude, and music for a slideshow. Special Music can also be included.

Favorite Scriptures\* & Writings (ex. poem) you would like read (please attach if you need more space):

_____
_____
_____
_____

\* There are generally 1-4 scriptures read with at least one Gospel reading.

Favorite Colors, Imagery, Flowers, etc.: \_\_\_\_\_

_____
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Would you like a slideshow with pictures from your life shown? Yes \_\_\_ No \_\_\_

Preferred Recipient(s) for Memorials Gifts: \_\_\_\_\_

### **Personal Information for Obituary and Eulogy**

Date of Birth: \_\_\_\_\_ Location: \_\_\_\_\_

Spouse(s) \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Spouse(s) \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Mother's name: \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Father's name: \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Siblings (please note if living or deceased):

_____	_____
_____	_____
_____	_____

Children (please note if living or deceased):

_____	_____
_____	_____
_____	_____

Grandchildren:

_____	_____
_____	_____
_____	_____

Great-Grandchildren (may list by name or provide number):

_____	_____
_____	_____
_____	_____

Others family members not previously listed (include relation):

_____	_____
_____	_____
_____	_____

Education (include institution, degree conferred, and graduation year):

_____
_____

Employment History:

_____
_____
_____

Retired? \_\_\_\_ When? \_\_\_\_\_

Military Service? Yes \_\_\_\_ Branch/Years of Service: \_\_\_\_\_ No: \_\_\_\_

Philanthropic or Professional Organizations:

_____
_____
_____

List the accomplishments you are particularly proud of:

_____
_____
_____

What hobbies/interests do you have?

_____
_____
_____

What are values/lessons you want to pass on?

_____
_____
_____

Would you like to give a brief testimony of your faith?

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Do you wish to have a post-service reception? \_\_\_\_Yes \_\_\_\_No

Describe: \_\_\_\_\_

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**Any Additional Information or Instructions You'd Like to Provide:**

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***On behalf of your family and pastor, thank you for filling out this form!***

We encourage you to keep a copy of this form at home in an accessible location, (i.e. not a safety deposit box). Consider giving copies to your executor, family members, pastor, and funeral home/crematory. Please keep this up to date, and revise when needed.

If you have any questions or would appreciate help filling out this form, please contact our pastor:

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c: 509-879-2278  
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