



New Covenant United Methodist Church
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LIFE INVENTORY

What happens when we die? Often family members have to go scrambling for vital information. When the Pastor sits down with family members to plan for the service of the deceased, they often wish that their loved one had written down some information that would be helpful. This information will be confidentially retained by the Pastors, and it can be very helpful at the time of death. Everyone in our congregation is invited to fill out this form and either drop it off or mail it to Sharon Weimert in the Care Office of the church. Copies will be made available to family members upon request. There is nothing legally binding about this information, and it is not intended to be an official will.

Please take the time to complete this Life Inventory form & keep a copy for your records & give a copy to NCUMC's Sharon Weimert, Care Office to be placed in your profile.

In the event of my death, I want to make the following Life Inventory Information available to my family and pastors at NCUMC

Name: _____ Phone: () _____

Current Address: _____ City _____ ST ____ ZIP _____

Birth Date: _____ Place of Birth _____

My Spouse (if married) or significant other _____

My Children: _____ ; _____ ; _____

_____ ; _____ ; _____

Please Contact: _____ ; **Phone** _____ ;

Address _____

My Parents: _____

My Siblings _____

Occupation (even if retired): _____

If Possible I would prefer: ____ Funeral (with body present) ____ (closed casket?) ____ (viewing of body)

____ Memorial service (with body not present)

____ Other (explain) _____

I prefer service to be held at: ____ Church & Location (if out of town, give address/phone #) _____

____ Funeral Home & Location _____

____ Grave Site & Location _____

Disposition of my Body: ____ Burial ____ Cremation: ____ Medical Research

My Favorite Hymn(s) _____

Special Music: _____

Scripture verses that have given me strength and comfort: _____

I consider my most important accomplishments in life to have been: _____

If anyone should care to designate a gift in my memory, I would prefer that it be given to: _____

I (____ have made) (____ have not made) (____ want to make) a specific bequest to New Covenant United Methodist Church in my will.

I (____ have) (____ have not) completed the Five Wishes ® packet

For Detailed Funeral Instructions

It would be helpful to the pastor if you would share personal testimony of Jesus Christ for use in the memorial address, and other special procedures that you want followed. (Attach additional sheet if necessary).

Note: Do not place this information in your safety deposit box as it may be inaccessible. Have your family retain one copy, send one copy to the funeral home and one copy to the church's Care Office, which will be added to your profile.

Date: _____ Signature: _____

Witness (if desired): _____