

## Pre Need Planning Document

A copy should be on file with your likely next of kin and at the Church Office.

First name \_\_\_\_\_  
Middle name \_\_\_\_\_  
Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_

Upon my death, I wish to have the following persons notified:

Senior Pastor Church of the Trinity MCC 941-355-0847  
The Funeral Home \_\_\_\_\_  
Phone number \_\_\_\_\_

My Family/Friends:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Executor of my Will \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

I wish my Burial or Memorial Service to take place at: \_\_\_\_\_  
Name of church Place of burial \_\_\_\_\_  
I have purchased a plot yes \_\_\_\_\_ no \_\_\_\_\_

Disposition of Ashes: \_\_\_\_\_  
**I have purchased disposition of ashes at Church of the Trinity** \_\_\_\_\_  
**I have purchased a Church of the Trinity Columbarium Niche #** \_\_\_\_\_

**In lieu of flowers I would prefer contributions sent to:**

Church of the Trinity \_\_\_\_\_  
 Favorite Charity \_\_\_\_\_

**Have you made provision for your family and the Church by executing a Will or other instrument?**

DATE \_\_\_\_\_  
SIGNED \_\_\_\_\_