

Macedonia Missionary Baptist Church
412 Kennedy Blvd.
Eatonville, FL 32810
407-647-0010

Name: _____
Member No.: _____

Member Funeral and Interment Instructions

The following notations represent my wishes regarding my funeral and interment and are to assist the personal representative of my estate or others whom I designate to make those arrangements.

Services:

Religious service _____ or memorial only _____ or none _____ Public _____ or family only _____
If applicable, church name, denomination and Location _____
Wake, Rosary or Viewing _____ Graveside service _____ Open or closed casket _____
Funeral Home preference, if any _____
Are prearrangements made? _____ services prepaid? _____ If yes, attach a copy.
Other instructions _____

OR

(check here if applicable) I have no preferences. To be determined by the person(s) designated below.

Disposition:

Burial or cremation _____
Location _____
Lot, Block and Grave or Crypt Number _____ Now owned (yes or no) _____
Other instructions – Disposition _____

OR

(check here if applicable) I have no preferences. To be determined by the person(s) designated below.

Expense: (check one) Legal minimum _____ Low _____ Intermediate _____ Elaborate _____
OR

(check here if applicable) I have no preferences. To be determined by the person(s) designated below.

Person or Persons Authorized to Make Arrangements:

Name(s) _____
Address _____
E-mail _____
Phone _____
Relationship _____

My Social Security Number: _____ - _____ - _____

My Present Address: _____

My signature

Date Signed: August _____, 2023

A photocopy, facsimile, scan or other electronic copy of this document showing the reproduction of an original signature shall be considered the same as an original document with an original signature for all purposes

Other Instructions – check here and use the reverse side.

I have furnished a signed copy of these instructions to my attorney