

Gwynedd Monthly Meeting of the Religious Society of Friends

1101 DeKalb Pike Gwynedd, PA 19454

Statement for Guidance in the Event of Death

Please complete and return to the clerk of Worship & Ministry

1. I would like to have one of the following persons to have charge of the arrangements at the time of death:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

2. My preference for funeral director: _____

3. I have arranged for the gift of my body, or organs, as follows _____

4. I prefer a memorial or funeral service to be held at: _____

If at Gwynedd, I would like to have one of the following people, if available, to head the memorial meeting (this is the person who will be sensitive to the movement of the Spirit in the memorial service and will be responsible for closing the meeting): _____

I would like to have the following people, if available, seated on the facing bench: _____

5. I prefer the following (circle): Cremation, Casket, Embalming, Viewing

Burial or disposal of ashes--if a cemetery, give name, location, grave location and preference for marker: _____

Direction for memorial gifts: _____

Signed: _____

Date: _____