



First Christian Church (Disciples of Christ)  
Colorado Springs, Colorado

Emergency Contact Information  
and Funeral/Memorial Service Desires

*You may fill out EITHER or BOTH parts of this form (see the back of this page as well). It will be held in confidence with the staff at the church until there is an appropriate need.*

**RETURN: Sr. Pastor, First Christian Church, 16 E. Platte Ave, Colorado Springs CO 80903**

**I. Emergency Contact Information**

Your name(s): \_\_\_\_\_

Your address: \_\_\_\_\_

Your phone #s: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Your email address(es): \_\_\_\_\_

Emergency contact #1 Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone #s: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Relation to you: \_\_\_\_\_

Emergency contact #2 Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone #s: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Relation to you: \_\_\_\_\_

Other emergency instructions:

Do you have a \_\_\_ Living Will and/or \_\_\_ Medical Power of Attorney? Do you have a "Do Not Resuscitate" order as part of your Medical Power of Attorney YES/NO. Other wishes if you are on medical life support?

Other things to share:

Your signature \_\_\_\_\_ DATE \_\_\_\_\_

## II. Funeral/Memorial Service Desires

Do you have a pre-paid funeral plan or other funeral wishes on file with a funeral home? \_\_\_\_\_ If so, which funeral home: \_\_\_\_\_

Do you wish to be cremated \_\_\_\_ or buried \_\_\_\_ Do you have a plot or niche purchased \_\_\_\_\_ If so, where? \_\_\_\_\_ Do you wish to be sent information about a niche for your ashes at First Christian's columbarium?

Do you want a \_\_\_\_ funeral service with casket present (*please note that First Christian does not do "open casket" funerals*) or \_\_\_\_ a memorial service? If you have been cremated, do you want your ashes present? \_\_\_\_

Hymns or songs that you would like considered for your service:

Scriptures which are especially meaningful to you:

Along with the current Sr. Pastor (or his/her designee) are there other ministers you would like to be asked to participate in your service? [*Please note: both clergy ethics and the church's policy stipulate that the current Senior Pastor will be the service's officiant – unless he/she chooses to ask another minister to either officiate or assist.*] \_\_\_\_\_

Do you have particular wishes for how memorial gifts will be designated? To \_\_\_\_ First Christian Church; and to \_\_\_\_ [Name(s) of other charities] \_\_\_\_\_

Do you wish to have your service \_\_\_\_ at the church or \_\_\_\_ at another place \_\_\_\_\_

Other wishes:

Your signature \_\_\_\_\_ DATE \_\_\_\_\_