

*The person(s) I choose to make decisions  
about my funeral:*

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*At my death, please contact:*

*1. My Church:*

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*2. My Friend(s):*

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*3. My Family:*

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*Location of My Funeral Plan:*

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*Name of Funeral Home:*

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*Pastor to Officiate:*

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*In lieu of flowers, donate to:*

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*We want to serve you in  
your time of need. Contact  
our Pastoral Care team.*

*pastoralcare@fbcjax.com  
904.333.1236  
fbcjax.com/care*



**FIRST BAPTIST CHURCH**  
JACKSONVILLE

*SOME  
THINGS I  
WANT YOU  
TO KNOW  
About Me*

*I want you to know how and when I was saved:*

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*I was baptized (when and where):*

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*What I want you to know about Jesus:*

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*How I would like to be remembered:*

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*Some of my favorite hymns:*

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*Some of my favorite Bible verses:*

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*In the event of my illness, please contact:*

1.

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2:

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3:

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*My Church Family Contact Info:*

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*Health Care Documents can be found:*

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*Contact Info for Power of Attorney:*

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*Other Info:*

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