

Instructions and Preferences for Funeral Service and Burial

Note: Retain the original of this document, consider giving one copy to the clergy who will officiate, one copy for the church files, and one to the person chosen to make arrangements at the time of your death.

Full Name _____

Address _____
(number and street) (city) (state) (zip)

Social Security Number _____ Veteran: ___ yes ___ no

Date of Birth _____ Place of Birth _____
(month) (day) (year) (city) (county) (state)

Spouse's Name _____ ___ living ___ deceased

Friend or relative you wish to oversee arrangements at time of death:

Name _____ Telephone _____

Living Family Members:

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Living Family Members (continued):

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Arrangement Preferences: *(Check appropriate statement and complete)*

___ Funeral Director: _____

___ If pre-planned or pre-paid contract, give location of document:

___ Cremation, with ashes buried at _____

Location of Deed to burial site (if applies) _____

___ Cremation, with ashes scattered at _____

___ Burial in casket at _____

Location of Deed to burial site _____

___ Donation of body to medical school (need registry information) or certain organs

(need registry information) _____

___ Information for obituary (insert additional page)

___ Memorial contributions in lieu of flowers: *(Note: flowers are normally placed on the altar by the parish.)*

Other arrangements as follows:

Funeral or Memorial Service

Service to be held: church chapel funeral home gravesite

Burial Office:

Rite 1 (traditional) Book of Common Prayer, page 469

Rite 2 (contemporary) Book of Common Prayer, page 491

Holy Eucharist: yes no Body or ashes present: yes no

Officiant: _____

Preacher: _____

Choice of Psalms, Scripture, special prayers, etc.

Readers:

Desires with regard to music: organ music hymns choir

Choice of hymns or other sacred music:

Prayers if there is visitation at the Church or funeral home:

Reception of the Body (Prayer Book, page 466)

Vigil Prayers (Prayer Book, page 465)

or Litany at the time of death (Prayer Book, page 462)

Please check one or more of the following to express your wishes:

- Body at funeral home
- Body at church
- Other _____
- Immediate cremation
- Service and then cremation
- Family at funeral home to receive friends
- Family at home to receive friends
- Family at church
- Service at church with body present
- Service at church without body (usually called Memorial Service)

Please write below any additional information and instructions to assist church and family:

Date _____ Signature _____

Note: A copy of this form will be kept on file in the Parish Office.