

## Funeral and Burial Instructions

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Who do you want to make the arrangements with the church?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who holds your Durable Power of Attorney for Healthcare?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you made arrangements previously with a mortuary or burial society? \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of any signed agreement: \_\_\_\_\_

Do you have any preference with regard to memorial gifts? \_\_\_\_\_

\_\_\_\_\_

Do you intend to be buried or cremated? \_\_\_\_\_

Where do you wish your remains to be placed? \_\_\_\_\_

\_\_\_\_\_

If you wish your ashes to be buried in the Ascension Memorial Garden, have you signed an agreement? \_\_\_\_\_

Do you wish to have a plaque placed in the Memorial Garden? \_\_\_\_\_

Regarding the service you wish, do you prefer:

Burial Office with Eucharist \_\_\_\_\_ Burial Office alone \_\_\_\_\_ Eucharist alone \_\_\_\_\_

Graveside prayers \_\_\_\_\_ Rite I \_\_\_\_\_ Rite II \_\_\_\_\_ Other \_\_\_\_\_

Do you wish your remains to be present at the service? \_\_\_\_\_

Do you prefer your remains to be buried or interred immediately following the service? \_\_\_\_\_

\_\_\_\_\_

Do you want an Organist to play during the service? \_\_\_\_\_

Do you wish any particular music at the service?

Hymns: \_\_\_\_\_

Anthems: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have any particular passages of Scripture you wish read? \_\_\_\_\_

\_\_\_\_\_

Do you have any requests regarding military honors? \_\_\_\_\_

\_\_\_\_\_

Is there anyone you wish the church to notify prior to the service? \_\_\_\_\_

\_\_\_\_\_

Do you wish for there to be a reception following your service? \_\_\_\_\_

Any instructions with regard to the reception? \_\_\_\_\_

\_\_\_\_\_

Do you have any other special requests? \_\_\_\_\_

\_\_\_\_\_

Additional instructions may be attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_