## **Funeral Arrangement Form**

			Date	
Full Name				_
			Zip	
Telephone (day)		(n	ight)	
Social Security Num	ber			
Date of Birth		Place of Birth		
Sex	Marital Status			
Full Name of Spouse	e			
Names, addresses an	d phone number	s of family membe	ers:	
Name	Address	Zip	Phone Number	Relation
Names, addresses an	d phone number	s of significant fri	ends:	
Name, address and p arrangements:			al right to handle your f	uneral
What funeral directo	r do you wish to	have used?		
Have any pre-arrang	ements been mad	le with them?		
Do you wish to be cr	remated, if so, wh	hat is to be done w	vith your ashes?	
If you wish to be bur	ied, are there ins	tructions about th	e selection of a casket?	
If you presently own	a cemetery plot	where is it and w	hat is the lot number?	
	a connectry piot,	, where is it and w		

If	you do i	not presently	own a cemetery	plot, where	do you	wish to be buried?
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Are there any special instructions regarding your grave marker?

Is there anything special you wish to wear or have buried or cremated with you?

Where do you wish your funeral service to be held?

Name, address and phone number of clergyperson(s)

Do you want the Rite I or Rite II burial office? \_\_\_\_\_\_ Do you want the Holy Eucharist to be offered at your funeral? \_\_\_\_\_\_ Rite I or Rite II?

What scripture passages do you wish to have read? (Suggestions are found on pages 494 and 495 in the Book of Common Prayer).

Old Testament \_\_\_\_\_\_
New Testament \_\_\_\_\_\_

Psalm(s)

Gospel \_\_\_\_\_

What music do you wish to have played, or hymns to be sung?

Names, addresses and phone numbers of persons you would like to have as pallbearers:

Are there other special instructions regarding your funeral service?
Do you wish flowers to be sent or donations made in your memory, and where?
Is there any special information you wish to have included in your obituary?
Location of your will:
Name of your avacutor/triv:
Name of your executor/trix:
Is there any other data you want your family and friends to know?