**Funeral Instructions**

*This form is not intended to be a legally binding contract. This information is intended to assist your survivors and the clergy in the care of your body at the time of your death. The clergy will keep a copy on file at the church, and we encourage you to make copies for your family members and those who will be caring for you in death. File this information where it will be easily found upon your death. It is suggested that you also file this with your attorney and notify your heirs that this form has been completed for their information.*

**The final directions and instructions upon the death of:**

Full Name: Click or tap here to enter text. Date: Click or tap here to enter text.

Spouse’s Name: Click or tap here to enter text.

Home Telephone #: Click or tap here to enter text.

Spouse Cell Phone #: Click or tap here to enter text.

Spouse Work Phone #: Click or tap here to enter text.

Address:

Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Place of Birth: Click or tap here to enter text.

Date and Place of Baptism: Click or tap here to enter text.

Veteran?  [ ] No [ ]  Yes If Yes, branch of service: Click or tap here to enter text.

Date of Last Executed Will: Click or tap here to enter text.

Location of Will: Click or tap here to enter text.

Executor’s Name and Address:

Click or tap here to enter text.

Location of Medical Power of Attorney: Click or tap here to enter text.

Name, addresses and phone #’s of people to be consulted about burial:

Click or tap here to enter text.

**Memorials and Bequests**

**Memorials:**

In lieu of flowers, I request that donations be made in my name to:

 [ ]  Church of Our Redeemer, Fund: Click or tap here to enter text.

 [ ]  Church of Our Redeemer, non-specified

 [ ]  Other: Click or tap here to enter text.

**Bequests:**

If your have made a bequest, please fill out the following:

I, Click or tap here to enter text., have made a bequest through my will to the Church of Our Redeemer. Please add my name to the members of Church of Our Redeemer’s Legacy Society.

**Preferences for Service of Christian Burial**

Do you wish to receive Ministration at the Time of Death/“Last Rights”?
(See p. 462 of Book of Common Prayer) [ ] Yes [ ] No

Funeral Service: [ ]  Rite I (BCP 469) [ ]  Rite II (BCP 491) [ ]  Enriching Our Worship

 [ ]  Include Holy Eucharist/Communion

**Readings:**

 Old Testament: Click or tap here to enter text.

 Psalm: Click or tap here to enter text.

 New Testament: Click or tap here to enter text.

 Gospel: Click or tap here to enter text.

**Hymns:**

 Entrance: Hymn # Click or tap here to enter text.

 At readings: Hymn # Click or tap here to enter text.

 At Commendation: Hymn # Click or tap here to enter text.

 At Conclusion: Hymn # Click or tap here to enter text.

Other Music: Click or tap here to enter text.

Musicians: Click or tap here to enter text.

Altar Flowers: Click or tap here to enter text.

Ushers: Click or tap here to enter text.

Pall Bearers: Click or tap here to enter text.

Speakers (if desired): Click or tap here to enter text.

Officiant (if not resident clergy at the time): Click or tap here to enter text.

Reception location: Click or tap here to enter text.

Any Other Requests not specified above:

Click or tap here to enter text.

**Instructions for the Body**

Crematory or Funeral Director: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone #: Click or tap here to enter text.

I wish to be: [ ]  Cremated before the funeral [ ]  Cremated after the funeral

 [ ]  Buried [ ]  Interred in Redeemer’s memorial garden

Location of plot deed: Click or tap here to enter text.

Desired inscription for gravestone or marker:

Click or tap here to enter text.

Coffin specifications: [ ]  Least expensive [ ]  Mid-range ☐ Elaborate

Are you an Organ Donor?  [ ]  Yes [ ]  No

Have you donated your body to Medical/Scientific research? [ ]  Yes [ ]  No

 If yes, through whom have you arranged this? Click or tap here to enter text.

Do you wish to have visiting hours at funeral home? [ ]  Yes [ ]  No

Additional Information to Survivors:

Click or tap here to enter text.

**Signature** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Rector/Clergy Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_