

Please return this form to **St. Paul's Episcopal Church**. It will be returned to you after 2 copies are made: one for the Parish files, and one for a family member or friend. If you wish additional copies, please ask.

## My Memorial Plan

<b>Name:</b>	
<b>Address:</b>	
<b>Signature/ Relationship</b>	
<b>Date:</b>	

### **PERSONAL INFORMATION/ Contacts**

Name of a relative or friend who may be making funeral arrangements

*\*\*\*Please tell your relative or friend that you have also given these plans to your church*

<b>Name:</b>	
<b>Relationship:</b>	
<b>Their Phone Number:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Their Phone Number:</b>	
<b>Other info: Location etc...</b>	

#### **For church registry:**

Birth Name:

Date and place of birth \_\_\_\_\_

\*\*\*Any of the following information may be provided only at your discretion and for the convenience of family members who may not have this information already.

<b>Your Priest:</b> <b>Phone:</b>
<b>Your Primary Physician:</b>  <b>Phone:</b>
<b>Your Attorney</b>  <b>Phone:</b>
<b>Your Power of Attorney</b>  <b>Phone:</b>
<b>Do you have a Durable Power of Attorney for Health Care/Advanced Directive? Where is it Filed?</b>
<b>Do you have a will?</b> <b>Where is it filed?</b>

**INFORMATION FOR YOUR MORTUARY**

- Please give a copy of this page to a family member or friend

Preferred Mortuary: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Please contact your priest before setting a date and time for Burial or Memorial Service.

Do you prefer Burial?

Visitation period before service?    Yes \_\_\_\_\_    No \_\_\_\_\_

Open casket for visitation?            Yes \_\_\_\_\_    No \_\_\_\_\_

Casket present for Burial Service?    Yes \_\_\_\_\_    No \_\_\_\_\_

Where do you plan to be buried?

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Do you prefer Cremation?

Immediately upon death? \_\_\_\_\_ After visitation? \_\_\_\_\_

Before church service? \_\_\_\_\_ After service? \_\_\_\_\_

Do you want your ashes present in church? \_\_\_\_\_

Where do you want your ashes buried/taken?

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**Flowers-** Will family be ordering flowers?

Regarding flowers, please note that it is a practice of the church to limit flowers inside the sanctuary to the altar shelf. We request flowers be left for Sunday services after the memorial/funeral service is held. Please provide the name of the florist you are ordering from and their phone number. Please plan to have flowers delivered the afternoon prior if possible.

**Memorial gifts:** to \_\_\_\_\_ St. Paul's OR

Other:

Address or Website: \_\_\_\_\_

Do you have specific directions about the notice for newspapers? N/A

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Where do you want your Burial or Memorial Service to take place?

At St. Paul's \_\_\_\_\_ or \_\_\_\_\_

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**INFORMATION FOR YOUR PRIEST**

*\*Please give a copy of this page to a family member or friend*

**Type of service** you prefer

\_\_\_\_\_ Burial service (ashes or casket present in church)

or

\_\_\_\_\_ Memorial service (no ashes or casket present)

Do you want the Eucharist at your service? Yes \_\_\_\_\_ No \_\_\_\_\_

Parishioners may find it helpful to consult the BCP p.470-479 & 494-495, and the 1982 Hymnal, in making the following selections:

Music: specific requests for hymns or other music (Liaison will notify the musician, who will then follow up with the family.)

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Scriptures: specific readings; If readers will be selected by the family, we will need their names, email addresses and corresponding scriptures.

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Psalms: specific requests for psalms or other readings and names of readers \_\_\_\_\_

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Other requests for the service \_\_\_\_\_

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Things absolutely not wanted at the service (Example: Open tributes, communion, etc.)

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Will there be a guest book at the service? \_\_\_ Family to supply \_\_\_ Church to supply \_\_\_

Photo on easel? \_\_\_\_\_

Will a photo and/or biography be included in the bulletin?

Who from the family will provide those?

**\*\*PLEASE PROVIDE WITHIN 10 DAYS OF SERVICE TO ASSURE ADEQUATE SPACE IN BULLETIN.**

Other instructions or information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated attendance from family or friends outside the area: \_\_\_\_\_

Number of reserved seats requested: \_\_\_\_\_

Note: Please be as accurate as possible.

Post service gathering: At Parish Hall \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

Elsewhere \_\_\_\_\_

\_\_\_ Please announce reception info during service and/or in bulletin.

Date and place of death \_\_\_\_\_

Cause of death \_\_\_\_\_

Name of Parish Liaison \_\_\_\_\_

Date and Time of Service \_\_\_\_\_