



Funeral & Burial Instructions

Name _____
Last First Middle (or Initial)

Address _____
Street City State Zip

Telephone _____ Email _____

Date of Birth _____ Birthplace _____
City/State

- 1) In the Episcopal tradition, it is customary for church members to be buried from the church not a funeral home. The Book of Common Prayer (BCP) calls for the body/ashes to be present, although a memorial service without the body/ashes present may be held. The casket will be closed in the church and will be covered by a white pall, provided by the church.

It is my desire that my funeral shall be held at St. James's Episcopal Church, West Hartford or at _____ Church in _____.
The rector or clergy of said congregation shall be in charge of the services.

- 2) The Burial of the Dead (funeral service) is a series of psalms, lessons, and prayers. Funerals at St. James's often include the Holy Eucharist, especially for those for whom the Eucharist was their central act of worship. I desire:
 Rite One Remains Present in Church
 Rite Two Burial Service
 With Eucharist
 Without Eucharist

3) Participants:

Clergy 1st Choice _____ 2nd Choice _____
Eulogist 1st Choice _____ 2nd Choice _____
Pallbearers _____

Name	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do ___ I do not ___ wish to have friends or family members share remembrances at the service.

Ushers

Name	Phone	Email
_____	_____	_____
_____	_____	_____

Readers

Name	Phone	Email
_____	_____	_____
_____	_____	_____

4) Readings/Hymns - See [Suggested Readings and Hymns](#) document for ideas. Speak with clergy about diverting from these suggestions.

1st Reading _____ 2nd Reading _____

Gospel _____

Prelude _____ Processional _____

Sequence _____ Offertory _____

Communion _____ Processional _____

5) Other requests regarding service (altar flowers, etc.)

6) Reception:

Location _____

Other Instructions

7) Final disposition of my body:

___ Burial in cemetery plot

___ Cremation

___ Cremation with burial in cemetery plot

___ Cremation with burial in St. James's Memorial Garden:

___ Father ___ Son ___ Holy Spirit

___ Donation of entire body or organs to:

Name of organization: _____

Address: _____

Place of interment: _____

I prefer the following funeral home: _____

8) In lieu of flowers, I wish donations be made in my memory to:

___ The Memorial Fund of St. James's Episcopal Church, West Hartford

___ The Endowment Fund of St. James's Episcopal Church, West Hartford

Knowing that all the gifts we have come from God, it is important for all faithful Christians to make prudent provisions for their families, to prepare wills while they are in good health, and to arrange for the disposal of their temporal goods not neglecting, if they are able, to leave bequests for religious and charitable uses. We trust that the members of St. James's will give serious consideration in the preparation of their wills to include a bequest to St. James's Episcopal Church, West Hartford.

Please return (#) ___ copies of this plan to me for my files and distribution to my family.

SEND THIS ORIGINAL DOCUMENT TO:

THE RECTOR
ST. JAMES'S EPISCOPAL CHURCH
19 WALDEN STREET
WEST HARTFORD, CT 06107

page intentionally left empty

Additional Information (Optional)

Having the following information in one place and in a convenient format can be enormously helpful to surviving members of your family. In a period of a few days, your loved ones will face a number of tasks for which none of them has been trained. While some of the information below may seem very private, it is that privacy that can make it so difficult for your survivors to find or assemble this information at the time of your death. Providing this information can make certain that your wishes are understood. Such information can also be of immeasurable value to the surviving members of your family to avoid needless stress and discord.

Social Security Number _____ - _____ - _____

Date of Birth _____ Birthplace _____
City _____

Citizen of _____
Country _____

Resided in Country for (how long) _____ in State (how long) _____

Single _____ Married _____ Partnered _____ Widowed _____ Divorced _____ Separated _____

Name of Spouse/Partner _____ Alive _____ Deceased _____

Wedding Date/Anniversary _____

_____ Date of Birth _____ Birthplace _____
Parent

_____ Date of Birth _____ Birthplace _____
Parent

Siblings

_____ Name Phone/Email Deceased/Living? Relationship

_____ Name Phone/Email Deceased/Living? Relationship

_____ Name Phone/Email Deceased/Living? Relationship

_____ Name Phone/Email Deceased/Living? Relationship

_____ Name Phone/Email Deceased/Living? Relationship

_____ Name Phone/Email Deceased/Living? Relationship

I have appointed the following person(s) to serve as legal guardians for my minor children. They have consented to serve in this capacity:

Name	Phone/Email

Significant People

Name	Phone/Email	Deceased/Living?	Relationship

If you are a veteran, please complete the following:

Date/Place of Enlistment: _____
Date/Place of Discharge: _____
Rank/Rating: _____
Service Number: _____
Service, Organization, or Outfit: _____
Commendations Received: _____

Educational Background:

Occupation:

Memberships, Churches, Organizations:

Awards and Publications:

Person with legal right to handle funeral arrangements:

Name	Phone	Email
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I have made arrangements for my funeral:

Name	Phone	Email
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Organization/Other Information

Location of contracts for pre-paid arrangements:

Location of my will:

My Executor/trix:

Name	Phone	Email
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Location of my safety deposit box and key:

Location of Checkbooks/Passbooks:

Listing of Checking/Savings Accounts:

Name on Account	Bank	Account Number
Name on Account	Bank	Account Number
Name on Account	Bank	Account Number
Name on Account	Bank	Account Number
Name on Account	Bank	Account Number

Listing of Insurance Policies:

Name on Account	Company	Account Number
Name on Account	Company	Account Number
Name on Account	Company	Account Number
Name on Account	Company	Account Number
Name on Account	Company	Account Number

Credit Cards to be cancelled:

Name on Account	Company	Account Number
Name on Account	Company	Account Number
Name on Account	Company	Account Number
Name on Account	Company	Account Number

Grave Plot (requests and inscription):

Other instructions concerning selecting of casket and vault:

To be included in my obituary:

Places to post my obituary:

Send statement for burial expenses to:

Additional Information:

Feel free to add additional pages.

Those who love and care about you thank you for taking the time to provide this information.

