



# GRACE EPISCOPAL CHURCH

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*In faithful communion in the Episcopal Diocese of Bethlehem*

The Reverend John Franklin Hartman, *Rector*

## BURIAL PREFERENCES INFORMATION

*(Note: Information provided will be kept on file in the Rector's Office. You need not complete every part of this form. Blank items will be left to the discretion of the Rector and your family.)*

My Name (full, no initials): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Spouse's or Partner's Name (full, no initials): \_\_\_\_\_

Date of Marriage/Union: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Father's Name (full): \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living Yes  No

Mother's Name (full): \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living Yes  No

My Occupation: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Safe deposit box number and location: \_\_\_\_\_

Location of safe deposit key: \_\_\_\_\_

Armed Forces: Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Rank/Rate \_\_\_\_\_ Location of discharge papers: \_\_\_\_\_

Attorney's name and address: \_\_\_\_\_

\_\_\_\_\_

To assist those responsible for the arrangement of my burial, I make the following requests:

1. I wish to have the service held in the  Nave  Chapel

Other (where): \_\_\_\_\_

2. I prefer the following funeral director or burial society: \_\_\_\_\_

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

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

3.  I have  have not consulted with this funeral director or burial society and  have  have not given these instructions:

Casket preference: \_\_\_\_\_

Vault preference: \_\_\_\_\_

Cremation requested (where): \_\_\_\_\_

Urn preference: \_\_\_\_\_

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

\_\_\_\_\_

Least expensive of these options

4.  I do  do not wish to have traditional calling hours at a funeral home with my casket  
 open  closed.

5. I wish to have the following service (check all that apply):

- Burial Office (Rite I)
- Burial Office (Rite II)
- Holy Eucharist
- Private Interment       Public Interment

6. I request that instead of flowers contributions be made to \_\_\_\_\_

\_\_\_\_\_

7. I would like to make the following suggestions as to material to be used in the Burial Office. (You may want to consult with the Rector about these selections. The Burial Office also gives some guidance in the rubrics and especially in relation to suggested scripture readings on pages 470-480 and 494-495.) I have also indicated below who I would like to read.

Scriptural passage: \_\_\_\_\_ Reader \_\_\_\_\_

Scriptural passage: \_\_\_\_\_ Reader \_\_\_\_\_

Prayers: \_\_\_\_\_ Reader \_\_\_\_\_

Music/Hymns: \_\_\_\_\_ Reader \_\_\_\_\_

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

8. During the burial office a homily will be delivered by the Rector. *(Note: Sometimes the family wishes someone close to the deceased to offer a eulogy or a remembrance; however in the Episcopal tradition, personal remembrances are more appropriately offered at another time such as a reception following the burial office. It would be a rare circumstance for the Rector to alter this customary.)*

9. I request interment to be in the \_\_\_\_\_ Cemetery

in \_\_\_\_\_, \_\_\_\_\_.

- I  my family own(s) lot number \_\_\_\_\_  I do not own a lot

10. I will be cremated and request that my ashes be placed at

\_\_\_\_\_

11. I have requested that my body or certain organs be donated to medical science and have made the following specific provisions

\_\_\_\_\_

12. I have a will and it may be found

\_\_\_\_\_

\_\_\_\_\_

13. I have a living will and it may be found

\_\_\_\_\_

\_\_\_\_\_

14. Persons who are important or near to me are: (Name, address, phone number)

a. \_\_\_\_\_

Relationship \_\_\_\_\_

b. \_\_\_\_\_

Relationship \_\_\_\_\_

c. \_\_\_\_\_

Relationship \_\_\_\_\_

d. \_\_\_\_\_

Relationship \_\_\_\_\_

15. My doctor is

\_\_\_\_\_

16. Possible Pallbearers are

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

