

**Pre-planning for a Funeral or Memorial Service
St. Andrew's Episcopal Church, Norfolk, Virginia**

The death of a loved one is always a difficult time, full of varied emotions and stages of grief. Unfortunately, it is also a time of decisions and logistics, as plans are made for a funeral or memorial service, family gatherings, estate matters and more. A great gift that each of us can give our family members is to think ahead about our funeral or memorial service. This document is intended as a tool to help parishioners plan a service that will be meaningful for them and their families. Please keep a copy of this form on file at the church office, and also share it with loved ones.

Date: _____

Full Legal Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Close Family Members (include name, address, phone and email):

Worship Selections

- Burial of the Dead, Rite I (traditional language)
- Burial of the Dead, Rite II (contemporary language)

Would you like Holy Eucharist (communion) to be served? Y N

It is customary for the Rector to conduct funerals and memorial services for parishioners. Are there other clergy who you hope will participate? Please list them.

It is customary to select one or more Scripture readings for the service. The Book of Common Prayer provides a suggested list on pages 494-495. Please identify a few of your favorites:

Please identify a few of your favorite hymns, or other musical preferences:

Military or fraternal rites at the graveside? Y N

If yes, please note affiliations: _____

Additional Instructions

Name of Desired Funeral Home: _____

Visitation Instructions: _____

Names of Preferred Ushers, Pall Bearers or Other Participants:

Place of Burial: _____

Cremation or Internment Instructions: _____

Are you an organ donor? Y N If yes, please consider notifying your family.

A copy of my will and/or medical directive is located: _____

Please consider sharing this information with family members and with your physician.

The Executor of my will is: _____

Suggestions for Memorial Contributions: _____

Other Special Instructions: _____