

Christ Episcopal Church, New Bern

# Funeral and Burial Plans

Consider the following form a gift to your loved ones. Many difficult decisions need to be made following a death and if your family and friends to know your wishes, that burden is slightly eased. A copy of this will be kept in the offices of Christ Church and it will be treated as highly personal and confidential, but we also encourage you to share this with friends and family as you find appropriate. If you wish to make additions or changes, please be in contact with the church office.



Today's date: \_\_\_\_\_

Full name: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_

Present address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

If you were seriously ill and could not speak for yourself, would you hope that your clergy would perform the *Anointing of the Sick*?

Yes:

In the presence of my family

Privately

No

In the event of serious illness, your clergy would want to understand and be supportive of your family and friends while being witnesses to your wishes recorded here. However, you should not answer the following questions if you have any misgivings about disclosing this information.

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

In the event of incapacitating illness, would the above person be your surrogate decision maker in a medical setting?  Yes  No, instead: \_\_\_\_\_

Who should be the main person(s) consulted concerning burial arrangements not covered by your answers on this sheet?

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Family and close friends

Name	Relationship	Adult or Child?	Telephone	e-mail

Do you have a “Living will”?  Yes  No

If you answered “yes,” and if you wish to do so, you may file a copy with this document or disclose where copies are located:

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If circumstances made it possible, would you wish to be an organ or tissue donor?

Yes  No

If there are any special circumstances that would help your clergy in their ministry to your family and friends, please describe them below and on the reverse side of this form. (i.e. a person who might not be present but would appreciate a call or visit; extended family who might be overlooked; estrangement between immediate family members, etc.)

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Burial Plans

Location of service:  Christ Episcopal Church Nave  Outdoor chapel (weather permitting)  Chapel  Other: \_\_\_\_\_

Burial site: \_\_\_\_\_

Do you wish to be cremated?  Yes  No

Please choose a service from the Book of Common Prayer:

Rite I (see pages 469-489)  Rite II (see pages 491-505)

Should your service include Eucharist/Holy Communion?

Yes (if so, do you have a preference for which prayer to use? \_\_\_\_\_)

No

Officiating or participating clergy, if you have a preference. (Please add contact information about clergy not on staff at Christ Church.)

\_\_\_\_\_

Scripture readings (suggestions found in the Book of Common Prayer, pages 494-495):

Old Testament: \_\_\_\_\_

Psalms(s): \_\_\_\_\_

New Testament: \_\_\_\_\_

Gospel: \_\_\_\_\_

Hymns (See suggestion list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to have the following persons participate by reading, ushering, singing, acting as pall bearers or performing other duties:

Name:	Telephone #:	Role in Service:

Other wishes regarding the service:

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Have you purchased a burial site?  Yes  No

Have you made arrangements with a funeral home?  Yes  No

Name of Funeral Home: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Other information: \_\_\_\_\_

If you have compiled biographical data for a newspaper announcement, we would appreciate your attaching a copy.

Memorial gifts to be made  
to: \_\_\_\_\_

If memorial gifts are being made to Christ Church, would you want them used in a particular way?

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_