

END-OF-LIFE AND FUNERAL ARRANGEMENTS

“THE MINISTER OF THE CONGREGATION IS DIRECTED TO INSTRUCT THE PEOPLE, FROM TIME TO TIME, ABOUT THE DUTY OF CHRISTIAN PARENTS TO MAKE PRUDENT PROVISION FOR THE WELL-BEING OF THEIR FAMILIES, AND OF ALL PERSONS TO MAKE WILLS, WHILE THEY ARE IN HEALTH, ARRANGING FOR THE DISPOSAL OF THEIR TEMPORAL GOODS, NOT NEGLECTING, IF THEY ARE ABLE, TO LEAVE BEQUESTS FOR RELIGIOUS AND CHARITABLE USES.” (BCP p445)

As stated in the Book of Common Prayer, “The liturgy of the dead is an Easter Liturgy” which finds its meaning in the Resurrection of our Lord. A Christian funeral or memorial service proclaims hope in the face of death; it is an affirmation of the continuity of our fellowship with God even after our temporal lives are ended. Before completing this form and the FUNERAL SERVICE PLANNING FORM, you should carefully read through the St. John’s FUNERAL CUSTOMARY which is found at this [link](#).

This form is meant as a guide to help your survivors and executor /executrix attend to the matters concerning your end-of-life time, death and settlement of your estate. Additional sheets may be added to provide detailed information (e.g. insurance policies, lock box location, the location of your will, etc.).

The thought you put in to developing this form will naturally lead you to thinking about your wishes for the conduct of your funeral. Preparing this guideline will help your family answer the question, “What would he/she have wanted?” The details of your wishes may be specified in your FUNERAL SERVICE PLANNING FORM which is found at this [link](#).

Copies of this form and the FUNERAL SERVICE PLANNING FORM should be kept on file at the parish office as well as given to your next of kin and/or attorney. Knowing your wishes in these matters will help your survivors immeasurably at what is usually a very difficult time.

Also, in your planning, it is our hope that you will give serious thought to remembering St. John’s in your will as an important way of continuing to support the mission and ministry of the parish.

Full Legal Name: _____

Maiden Name: _____

Legal Residence: _____
(address) (city) (state) (zip code)

Resident in this Location Since: _____

Birth Date _____ Birth Place _____ Baptism Date _____

Next of Kin/Spouse:

(name) (address) (phone)

If married,

Date and Place of Marriage: _____

If widowed, full name of deceased: _____

Date and Place of Marriage: _____

Date of Death of Spouse: _____

Name, address and phone of siblings (if deceased, so indicate and give name only):

Name, address and phone of children (if deceased, so indicate and give name only):

Name, address and phone of other significant friends or relatives you wish notified of your death (please indicate relationship):

THE PERSON LISTED BELOW HAS AGREED TO REPRESENT ME IN CARRYING OUT THE WISHES I HAVE MADE KNOWN AND CERTAIN ARRANGEMENTS I HAVE REQUESTED IN THIS DOCUMENT BEFORE, DURING AND AFTER MY DEATH AND TO WORK WITH CLERGY AND OTHERS TO COMPLY WITH MY WISHES AS MUCH AS POSSIBLE:

(name) (address) (phone)

I HAVE ___ HAVE NOT ___ MADE A WILL. IT CAN BE FOUND: _____

MY ATTORNEY: _____
(name) (address) (phone)

I have a bank lock box at: _____

My financial records can be found at: _____

The Personal Representative (executer/executrix) named in my Will is:

(name) (address) (phone)

I have prepared the following documents to guide those who care for me during my end-of-life time. They can be found at _____

Yes ___ No ___ Appointment of Health Care Representative

Yes ___ No ___ General Durable Power of Attorney

Yes ___ No ___ Living Will Declaration

As I my end-of-life time approaches, the following are my wishes:

I (DO ___ DO NOT ___) wish to have the service of *Ministration to the Sick* (BCP p. 453)

I (DO ___ DO NOT ___) wish to have the service of *Ministration at the Time of Death* (BCP p. 462)

Data for Death Certificate (accuracy is very important)

Marital Status: Never Married ___ Separated ___ Widowed ___ Married ___ Divorced ___

Spouse _____
(name) (address) (phone)

Social Security Number _____

Father's Full Name _____

Mother's Maiden Name _____

Served in U.S. Armed Forces: Yes _____ No _____ Branch _____

Dates Served _____ Service Serial No. _____

Rank/Rating _____ Unit at time of discharge _____

(If you desire a military burial, attach a copy of your Discharge Record and specify your wishes later in this form) Please note that the family is responsible for making arrangements for military honors. This can take time to arrange, so please do not set a time for the funeral before you have confirmed a date with the branch of service providing the honors.

FUNERAL ARRANGEMENTS

I have prepared my Funeral Service Planning Form. It can be found at _____

I prefer to have my funeral/memorial take place at:

/___/St. John's Episcopal Church, Crawfordsville, Indiana

/___/ _____ Church located at _____

/___/ _____ Funeral Home/Phone _____

Pre-arrangements Made: Yes ___ No ___ (If yes, attach copy of contract)

Burial Plot purchased: Yes ___ No ___ (if yes, attach a copy of the contract)

Columbarium Niche Purchased: Yes ___ No ___ (if yes, attach a copy of the contract)

(If no, do you wish to be interred in St. John's Columbarium? _____)

I wish to have ___ Military ___ Masonic ___ Other _____ rites as part of my funeral/memorial service. They are to be scheduled and conducted in accordance with clergy approval. Please note that the family is responsible for contacting the organization with respect to burial honors. It can take some time to arrange so it is wise not to schedule the funeral until those arrangements have been made (in conjunction with the church to ensure that all can be conducted on the desired date).

I Prefer: Bequeathal ___ Cremation ___ Burial ___

BEQUEATHAL

I have made specific arrangements for medical research and/or organ donations. Donation agreements are: Attached ___ Filed ___ (location) _____

(Remember, by the time your family reads this, it will be too late to remove any organs you wish to donate. If you choose bequeathal, make sure your wishes are known by the people closest to you and also to your doctor/hospital.)

CREMATION

I (Do ___ Do Not ___) want my body present for a funeral service before it is cremated.

I (Do ___ Do Not ___) want the ashes present in an appropriate container at the funeral service.

(An urn is not required if interment is to be in St. John's Columbarium)

What I would like do with my ashes if they are not to be interred in a niche: _____

VIGIL

I wish to have a Vigil (calling/visitation): Yes ___ No ___

If yes, it is to be held at: My home ___ The Funeral Home ___ St. John's _____

I (Do ___ Do Not ___) wish to have my coffin open at the vigil. The coffin must be closed and covered only with a pall when at the church.

BURIAL

If you have not contracted for funeral home services, and/ or burial location, what instructions, if any, do you have concerning the selection of a coffin and other expenses related to your funeral and burial location? _____

I wish to be buried: /___/with my rings removed /___/with my rings on my fingers.
 /___/with my glasses removed /___/with my glasses on

Is there anything special that you wish to wear or have buried with you: _____

I have specified a marker and the text to be engraved on it. If contracted for you may wish to attach a copy of the agreement.

I have made no arrangements, but have these wishes: _____

COMMITTAL

The committal usually takes place immediately after the funeral service. If you prefer it to occur at another time, please specify your wishes: _____

RECEPTION

I wish to have a reception following the funeral service / committal: Yes _____ No _____

If yes, it is to be held at: St. John's _____ My home _____ Other Location _____

If at the Church:

I wish to contribute to the St. Martha and St. Andrew Guild for providing hospitality.

I will have the reception catered and paid for out of my estate.

Is the congregation invited? Yes _____ No _____

MONEY

To the extent possible, I have prepaid certain expenses and fees attendant to my end-of-life and death.

I direct my Personal Representative to pay all expenses and fees attendant to my end-of-life and death out of the proceeds of my estate or from specific monies I have set aside for such expenses. It is my wish that these be settled before any other debts of my estate are satisfied.

OBITUARY

If you wish to do so, please attach a separate sheet with information which would be helpful in writing a newspaper death notice/obituary. Suggestions include: time lived in community, occupation, employers, organizations of which you are a member, schools attended, degrees received, military service, church affiliation, etc. Don't be bashful; it will be a big help to your survivors.

Is there any other information you wish your family to know: _____

ACKNOWLEDGEMENT

I understand that I may change these requests at any time by changing this original and notifying all those who have copies. Also, I authorize my Personal Representative, named above, to make any changes as may be necessary at the time of my death.

Signed: _____ Date: _____