St. Andrew's Episcopal Church

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Instructions for my Family and my Parish Family on the Occasion of my Death

Name:	Date:
1 2	they will be found easily upon your death. It is suggested that you attorney, and family or close friends. Your heirs should be notified
Personal Information	
Full Name:	
Address:	
Date of Birth:	
Date of Baptism:	
Mother's Full Name:	
Address: Names, addresses and phone numbe 1.	ers of living brothers and sisters:
2.	
Last Will executed date: Will is located at:	opal Church in my will. ves no

The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provisions for the well-being of their families, and of all persons to make a will, while they are in good health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses.

~ The Book of Common Prayer, page 445 ~

Instructions for Burial

I Wish my burial to take place from:			
Name of the church:			
Address:	City:	State:	
I prefer (circle one): Cremation	Casket burial		
I have made arrangements for certain	in parts of all of my body to l	be donated as follows:	
Name and address of funeral home: Preferences regarding visitation:	0		
Burial Liturgy			
Burial Office (circle one): Rite Office (circle one): Rite Office (circle one)			
Psalms and Lessons to be read (see p	pages 494-495 of the Book of C	fommon Prayer for suggestions)	
Hymns (see <i>The Hymnal 1982</i> or co	nsult one of the clergy):		
Place of Burial			
"Baptized Christia. All parishioners of the St. Andro	ns are properly buried from the Chew's have access to burial in the Management wish to be cremate	Iemorial Garden, provided you make	
	ew's, please choose one of the he Memorial Garden at St. A memorial plaque is customarily be	ndrew's	
If you intend to be buried elsewhere, columbarium, and any pertinent paper	, please give the location of the ers:	he cemetery lot, crypt, or	
Memorial Gifts			
Check one: Instead of flower I prefer to have any contributions in St. Andrew's Episcopal Church Other charities (please specify)	my memory go to (check all	that apply):	
Other information and instruction	s (You may attach additional	l pages.)	
Sionature	Witness	Date	