

# MY BURIAL INSTRUCTIONS

Please fill out this form and return it to the parish secretary in the church office.

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
(Street Address, PO Box, and/or Apartment #)

\_\_\_\_\_  
(City/State/Zip Code)

*The Episcopal tradition is that church members are normally buried from the church. The Prayer Book indicates the body is to be present, although a memorial service without the body may be held. The coffin is closed and is always covered by a pall, which the church will provide.*

1. I request that my service be conducted at \_\_\_\_\_  
Name, City and State of Church

or at \_\_\_\_\_.

The rector or clergy of said congregation shall be in charge of the services.

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2. The Burial of the Dead (the funeral service) is a series of psalms, lessons, and prayers.  
Holy Communion with special propers (i.e., Collect, Epistle, and Gospel) may be included.

I request (check one):

☐ The Burial of the Dead with Holy Communion (body or urn present)

☐ Rite I (BCP, page 469)

☐ Rite I (BCP, page 323)

☐ Rite II (BCP, page 491)

☐ Rite II (BCP, page 355)

☐ The Burial of the Dead (body or urn present)

☐ Rite I (BCP, page 469)

☐ Rite II (BCP, page 491)

☐ A Memorial Service (body or urn not present)

3. Other arrangements as follows (Contact parish administrator):

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Altar flowers

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Musicians

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Ushers

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Pall bearer

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Speakers (if desired)

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4. I request that the following Scriptures be read:

Old Testament (choose one)

- ☐ Isaiah 25:6–9 (He will swallow up death in victory)
- ☐ Isaiah 61:1–3 (To comfort all that mourn)
- ☐ Lamentations 3:22–26, 31–33 (The Lord is good unto them that wait for him)
- ☐ Wisdom 3:1–5, 9 (The souls of the righteous are in the hand of God)
- ☐ Job 19:21–27a (I know that my Redeemer liveth)

Psalms ☐ 42 ☐ 46 ☐ 90 ☐ 121 ☐ 130 ☐ 139

New Testament (choose one)

- ☐ Romans 8:14–19, 34–35, 37–39 (The glory that shall be revealed)
- ☐ 1 Corinthians 15:20–26, 35–38, 42–44, 53–58 (Raised in incorruption)
- ☐ 2 Corinthians 4:16–5:9 (Things which are not seen are eternal)
- ☐ 1 John 3:1–2 (We shall be like him)
- ☐ Revelation 7:9–17 (God shall wipe away all tears)
- ☐ Revelation 21:2–7 (Behold, I make all things new)

Psalms ☐ 23 ☐ 27 ☐ 106 ☐ 116

Gospel (must be included if Holy Communion is celebrated)

- ☐ John 5:24–27 (He that believeth hath everlasting life)
- ☐ John 6:37–40 (All that the Father giveth me shall come to me)
- ☐ John 10:11–16 (I am the good shepherd)
- ☐ John 11:21–27 (I am the resurrection and the life)
- ☐ John 14:1–6 (In my Father's house are many mansions)

5. I request that the following hymns be sung: \_\_\_\_\_

\_\_\_\_\_

Music should be confident and strong, expressing the hope and faith that Christians affirm in the presence of death. The congregation should participate fully by praying, singing the hymns, and joining the responses. Easter hymns are especially appropriate. The Easter hymns are (#174–213) in the 1982 Hymnal. Also suggested are the hymns for Holy Communion (#300–347), the burial (#354–358), and #287, 376, 410, 556, 613–625, 637, 671, 680, and 688.

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6. I prefer to be:

☐ Buried: Location of cemetery plot deed, crypt deed, columbarium contract

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coffin specifications:

☐ Least expensive    ☐ Mid-range    ☐ Elaborate

☐ Cremated:

☐ Before Funeral    ☐ After Funeral

Ashes may be placed in \_\_\_\_\_. (These niches may be purchased in advance.) Please contact the parish administrator.

☐ Donate entire body or certain organs (See Organ Donation Form on page 13):

☐ Arrangements have been made

☐ Please make appropriate arrangements

Comments \_\_\_\_\_

\_\_\_\_\_

Place of interment \_\_\_\_\_

Full address \_\_\_\_\_

7. I prefer the following funeral home: \_\_\_\_\_;  
however, my family or attorney may make this decision.

☐ I wish to have my coffin open at the funeral home.      ☐ I do not wish to have my coffin open at the funeral home.

In lieu of flowers, I request that donations be made in my name to:

\_\_\_\_\_  
or for [SPECIFY]:

\_\_\_\_\_  
or to:

\_\_\_\_\_  
Name of Institution or Charity

\_\_\_\_\_  
Full Address

Please return to the Parish Administrator:

\_\_\_\_\_  
Name of church

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\* \* \* \* \*

8. Other information for my survivors:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Be sure to keep a copy of your completed form for your own records.*