

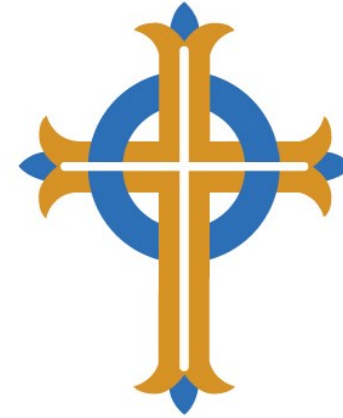
Family members and special friends to be contacted

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
E-mail _____
Relationship _____

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____
Relationship _____

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Home Phone _____ Cell Phone _____
E-mail _____
Relationship _____



**Funeral Arrangements
And Personal Information**

Name

Date

St. Paul's Episcopal Church
310 Elizabeth St.
Maumee, OH 43537
www.stpaulsmaumee.org
The Rev. Dr. J. Paul Board, Rector
419-893-3381

⌘ PREFACE ⌘

The following questionnaire has been designed as an aid to surviving family members at the time of your death. For assistance in filling it out, you may wish to consult with the rector or a funeral director. Some items may be left blank.

Please turn this form in to the Parish office for permanent file. It will be held in the strictest of confidence until the time of your death or when you ask for its return. You may also wish to include specific information relevant to your will, finances and etc. These will only be released according to your instructions.

Funeral Arrangement Check List

Full Name _____
Spouse _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
E-mail _____
Date of Birth _____

Person managing your funeral arrangements

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
E-mail _____
Date of Birth _____

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Name _____
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Name _____
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E-mail _____
Relationship _____

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Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
E-mail _____
Relationship _____

Instructions concerning selection of casket and vault:

Do you presently own a cemetery plot? Yes or No

If yes, where? _____

If you do not have one, where do you wish to be buried?

What type of grave marker do you wish?

List anything special you wish to wear:

Newspaper(s) in which your obituary is to be placed:

Special Requests for Service

Funeral Service to be held at St. Paul's Episcopal Church? Yes or No

If no, then where will the service be held? _____

Do you wish the Rector to extend a special invitation to another Clergy to participate in the service? Yes or No

If yes, name _____

Note: Music for service is to be approved by the Rector from authorized hymnals to proclaim our faith in the Communion of Saints and the Resurrection.

Hymns _____

Circle one: Rite 1 or Rite 2

Is there to be Communion? Yes or No

Readings

Note: Please refer to Book of Common Prayer, pages 494-95 for suggestions.

First Reading _____

Psalm _____

Second Reading _____

Gospel _____

Memorial Gifts in your name should be designated to:

Undesignated Memorial Gifts to St. Paul's Episcopal Church are placed in St. Paul's Memorial Endowment Fund. Do you wish to designate gifts in your memory to this Endowment fund? Yes or No

If no, what other fund? _____