



Funeral
Arrangements
and
Personal Information
for

Date

St. Paul's Episcopal Church
310 Elizabeth St.
Maumee, OH 43537

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 _____

Date of Birth _____

Person managing your funeral arrangements:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

If you are a veteran, please complete the following:

Date & place of enlistment: _____

Date & place of discharge: _____

Rank or Rating _____

Service # _____

Organization or Outfit: _____

Commendations received: _____

Name of desired funeral home:

If any pre-arrangements have been made, please indicate:

Calling hours at funeral home: _____

Do you wish to be cremated? Yes _____ No _____

If yes, do you wish to use St. Paul's Columbarium? Yes _____ No _____

Or, what do you wish to have done with your ashes?

Casket open or closed during visitation: _____

Instructions concerning selection of casket and vault:

Do you presently own a cemetery plot: Yes _____ No _____

If so, 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: _____

Anything special you wish to have placed in your obituary: _____

Newspaper in which your obituary is to be placed:

Special requests for service:

Funeral service to be held at:

St. Paul's Episcopal Church: Yes _____ No _____

Other: _____

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

If yes, Name: _____

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

Hymns: _____

Rite I: _____ Rite II: _____

Is there to be Communion? Yes _____ 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 _____ No _____

If no, what other fund? _____

List any special instructions or wishes not covered by this booklet here:

Family members and special friends to be contacted:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Relationship _____

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Address _____

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Phone _____