

**BURIAL PREFERENCES INFORMATION
HOLY TRINITY MEMBERS**

Name (full, no initials) _____

Address _____

Phone _____ E-mail _____

Date of Birth _____ Place of Birth _____

Spouse's or Partner's Name _____

To assist those responsible for the arrangement of my burial, I make the following requests:

1. I wish to have the service held in the

 Nave _____ Chapel _____ Other _____

2. I prefer the following funeral director or burial society _____

 Address _____

 Phone _____

3. I have (have not) consulted with this funeral director or burial society and have (have not) given these instructions:

 Casket preference _____

 Vault preference _____

 Cremation requested _____ Urn preference _____

 Other directions _____

 Least expensive of these options

4. I wish to have the following service:

 ____ Burial Office, Rite I ____ with the Holy Eucharist

 ____ Burial Office, Rite II ____ with the Holy Eucharist

 ____ Burial Office with private interment

 ____ Memorial Service with private interment

 ____ I will be cremated. I would like my ashes to be _____

5. I do (do not) wish to have traditional calling hours at a funeral home with my casket open (closed).

6. I request that instead of flowers contributions be made to _____

7. I would like to make the following suggestions as to material to be used in the Burial Office. (You may want to consult with a member of the clergy about these selections. The Burial Office also gives some guidance in the rubrics and especially in relation to suggested scripture readings on pages 470-480 and 494-495.)

Scriptural passages _____

Prayers _____

Music/Hymns _____

Other _____

8. A homily will be presented by the clergy. In addition, if desired, one eulogy may be given by a family member or friend.

I do (do not) want a eulogy at my burial. If so, by whom? _____

9. I request interment to be in _____ Cemetery
in _____.

_____ I (my family) own lot number _____ I do not own a lot

10. I will be cremated and request that my ashes be placed in the Chapel Garden at Holy Trinity Parish or in _____

11. I have requested that my body or certain organs be donated to medical science and have made the following specific provisions _____

12. I have a will and it may be found _____

13. I have a living will and it may be found _____

14. Persons who are important or near to me are:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

15. My lawyer is _____

16. My doctor is _____

17. Possible Pallbearers are _____

Signed this _____ day of _____, 20_____

Signature

Witness

Witness