

FUNERAL PLANNING GUIDE

Guide for the Christian Funeral of _____
Full Name: First Middle (Maiden) Last

Date Completed: _____

Date Received (to be completed by Church office): _____

1. VISITATION

A Visitation is an informal gathering for friends and family to express sympathy, view photographs/video tribute, etc.

A. Will a Visitation be Held?

- Yes
- No (skip to Section 2)

B. Location of Visitation

- At the Funeral Home
- At The Church
- Other: _____

C. Will the Remains be Present at the Visitation?

- Closed Coffin
- Urn
- No Remains Present

D. Time of the Visitation

- Evening Prior to the Funeral or Memorial Service
- Before the Funeral or Memorial Service Only

2. SERVICE

A. Time of the Worship Service

- Morning
- Afternoon
- Evening

B. Will the Remains be Present at the Worship Service?

- Yes (Coffin or Urn with Ashes)
- No

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C. Will Holy Communion be Celebrated? *(Only available for services at The Church)*

- Yes
 No

D. Readers

- The Priest who officiates will read.
 I would like this/these person(s) to read at my service: _____

3. LITURGY

A. Service *(Check one)*

- I wish Rite I (“thees” and “thous”) to be used.
 I wish Rite II (contemporary language) to be used.

B. Bible Readings

- The Priest who officiates may choose the readings.
 I have chosen the readings from the Book of Common Prayer (1979) as indicated below.
(There may be two or three readings. If Holy Eucharist is celebrated, the final reading must be from the Gospel.)

C. From the Old Testament *(Check 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)

D. Psalms *(A psalm may follow each lesson. Circle the one[s] you wish used.)*

- | | | |
|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 23 | <input type="checkbox"/> 90 | <input type="checkbox"/> 130 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 106 | <input type="checkbox"/> 139 |
| <input type="checkbox"/> 42 | <input type="checkbox"/> 116 | |
| <input type="checkbox"/> 46 | <input type="checkbox"/> 121 | |

E. From the New Testament *(Check 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)

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F. From the Gospels (*Check one*)

- 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)

G. Congregational Hymns

- The Priest who officiates may choose the hymns.
- I have chosen the hymns checked below. (Usually no more than 3 are used.)

H. Suggested Hymns

- Love Divine All Loves Excelling
- O God, Our Help in Ages Past
- For All the Saints
- The King of Love My Shepherd Is
- A Mighty Fortress
- Amazing Grace
- This Is My Father's World
- Other Hymns (From the 1982 Hymnal):

4. RECEPTION

A. Reception Following Worship

I would like a reception following the service for mutual conversation and consolation.

- Yes
- No

B. I would like the Reception

- Immediately Following the Worship Service; Before Burial
- Following the Worship Service and After Burial

C. Location for the Reception

- The Church
- Other Location: _____

5. FUNERAL HOME AND CEMETARY

A. Funeral Home

Preferred Company _____
(*Specific arrangements in advance at the funeral home of your choice are encouraged.*)

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B. Have Pre-Arrangements Been Made?

- Yes
 No

C. Disposition of the Body

- Embalm Body
 Cremate Body Shortly After Death
 Cremate Body After Visitation and/or Service

D. Burial Wishes

- Inter ashes in Columbarium at the Church *(Call the church office for information.)*
 Bury Coffin/Urn in Cemetery
 Other: _____
(This might include keeping ashes with a family member, spreading ashes at a favorite spot, etc)

E. Bury Coffin or Urn

- Before Visitation After Funeral Service but Before Reception
 After Visitation, Before Funeral Service After Reception
 At a Later Date: _____

F. Grave Marker

I have made arrangements for a grave marker with this company: _____
I would like the following to be included on the grave marker:
Name: _____
Dates (birth/death dates): _____
Maiden name: _____
Bible verse: _____
Graphic: _____
Other: _____

G. Eligible for Military Honors:

- Yes
 No

H. Names of Pall Bearers: *(Six Pall Bearers needed only when there is a coffin for burial.)*

I. Honorary Pall Bearers (if desired):

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J. Cemetery

- I have made arrangements for my burial.

Name of Cemetery _____

Location of Cemetery _____

- I do not have arrangements for my burial. I suggest the following arrangements:

5. MEMORIALS & WILLS

A. Desired Expressions of Sympathy

- Flowers (Only two arrangements may be used and only at the Altar if the service is at the Church)
- I desire Memorial Gifts in lieu of Flowers

B. Memorial Suggestions

- The Church
- Other _____

C. Obituary

Full Name (including Maiden Name: _____

Birth Date and Location: _____

Parent's Names: _____

Baptism Date, Church, Location: _____

Confirmation Date, Church, Location: _____

Marital Status, Marriage Date, Name of Spouse: _____

Other Marriages/Divorces: _____

Names of Children: _____

Additional Next of Kin: _____

D. Important Documents and Advisors

It is important that survivors be able to locate vital records and important documents. Before your death, you should have a current will/living trust and related health care directives which express your wishes on important personal, financial, medical, and charitable issues for your survivors. Information on these documents for Texas may be found by searching on line)

Location and Date of Will/Living Trust: _____

Attorney/Will Preparer: _____

Power of Attorney (Financial): _____

Power of Attorney for Health Care: _____

Executor of Will/Estate: _____

Guardian (for Minor Children): _____

Additional Comments: _____



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Please return one copy of this to the Church Office. Please keep an additional copy with your important papers, and please be sure your next of kin know(s) that this form is on file in the Church Office.