

Funeral Planning Form

Revised 12/31/2009

Full Name:

Current Address:

Phone Number:

Date and place of birth:

Date and Place of Baptism:

Confirmed Episcopalian: _____ yes _____ no

For my funeral, I would prefer the following arrangements: *(Indicate with an X)*

Funeral Time: Morning _____ Afternoon _____ Evening _____ Saturday Daytime _____

A. The Burial of the Dead, Rite I (traditional language) _____: *Indicate with an X*

Holy Eucharist: Yes _____ No _____

Sung: Yes _____ No _____

B. The Burial of the Dead, Rite II (contemporary language) _____: *Indicate with an X*

The Holy Eucharist: Yes _____ No _____

Sung: Yes _____ No _____

It is customary for the Rector to conduct the funerals of parishioners. In addition to the Rector, I would like the following priest(s) to participate in the services:

Indicate with an X:

Would you like a choir? _____

Would you like a soloist to sing? _____

Processional: First _____ Second _____ set of Anthems

Opening Hymn Number _____ or Psalm Number _____.

Collect(s): Identified by the opening words (BCP p. 470 or p. 493):

Lessons: Old Testament _____

Psalm Number _____ Canticle Number _____ Hymn Number _____

Reader _____

Note: You may designate a reader, or leave it to the family or clergy to choose a reader.

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Epistle _____

Psalm Number _____ Canticle Number _____ Hymn Number _____

Epistle Reader: _____

Gospel: _____

Homilist: _____ Phone _____

Prayers of the People: Page 465 _____; Page 480 _____; Page 497 _____

Offertory Anthem: (Yes or No) _____ Hymn Number _____

Note: You may select the anthem AND identify it below, or the family or organist may select the anthem.

Anthem: _____

Eucharistic Prayer: Page 333 _____ Page 340 _____ Page 361 _____
Page 367 _____ Page 369 _____ Page 372 _____

Hymn(s) during Communion: _____

Procession Out: _____

Anthems: Page 483 _____ Page 500 _____ Canticle Number _____

At the Grave: First _____ Second _____ Set of Anthems _____

Additional Prayers: ***(Identified by Opening Words)***

These instructions pertain to the Funeral Service itself. If you have additional preferences or instructions, please note them on Page 3.

Additional Instructions

Name of Funeral Home: _____

Address of Funeral Home: _____

Telephone of Funeral Home: _____

Visitation Instructions: _____

Names of Ushers and/or Pall Bearers: _____

Place of Burial: _____

Location: _____

Cremation Instructions: _____

Instructions for donation of organs: _____

A copy of my will is located: _____

Executor of my will is: _____

Address: _____

Telephone: _____

A copy of these instructions should be given to the Rector and the duplicate copy kept in an appropriate place at home. These instructions may be changed at any time.

St. Andrew's Episcopal Church

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