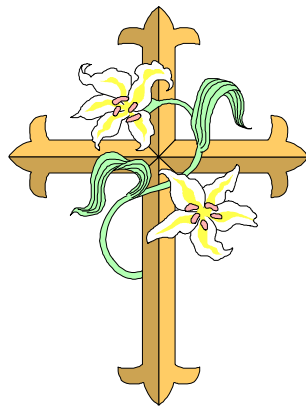


A Christian Prepares for Death

A spiritual guide for helping the loved ones you leave



I am Resurrection and I am Life
Says the Lord

St. Anne's in-the-Fields Episcopal Church

Funeral Planning

If you should die tomorrow, would your family know how old you are? Where your important papers are? Whether you wish to be buried or cremated?

Often a family doesn't know, and part of the education of a Christian is the process of preparing for death. Death is a part of the gift of life. The fuller life we will enter into only at the end of this mortal existence.

We are offering you this booklet so that you will take the time to make some decisions about how and where you want your burial services conducted and so that your family, friends, and executor(s) will have an easier time carrying out those decisions and making other necessary arrangements with the assurance of your written word to guide them. We recommend that you consult a clergy person in the liturgical preparations.

Please keep this record up-to-date. Many changes occur in our lives each year, such as changes in marital status, births, deaths, address, etc. We suggest using pencil to fill out this booklet so that changes can be made easily. Perhaps on your birthday each year you could take a few minutes to make any changes or additions.

Let someone know where this record is kept. We are willing to keep a copy at St. Anne's. Do not keep it in your safe deposit box.

It should be kept with your important papers where it will be easily accessible to others. Be sure to provide instructions to key people about how to find it

This booklet has been prepared by

_____, on _____
please print name *date*

All quotations are from *The Book of Common Prayer*.

General Information

Upon my death, I wish to have the persons specified on pages 14 and 15 of this booklet notified. Biographical data is found on pages 12-13. Information and records are found on pages 16-27.

The death of a member of the church should be reported as soon as possible, and arrangements for the funeral should be made in consultation with the clergy of the congregation.

Please notify the clergy or warden of:

Church: _____
Address: _____
City, State: _____
Phone Number: _____

I have made arrangements to have certain parts or all of my body donated to:

Organization name: _____
Contact person: _____
Address: _____
City, State: _____
Phone Number: _____

My lawyer is:

Name: _____
Firm: _____
Address: _____
City, State _____
Phone Number: _____

Last Will and Testament

I do () do not () have a will.

The original of my will is located: _____

It is dated: _____

The lawyer who drew up the will is: _____

Address: _____

City, State: _____

Phone number: _____

My copy of it is located: _____

Insurance

Life Insurance

I do () do not () have life insurance.

Some of my life insurance policies contain disability provisions. Yes () No ()

Insurance Company: _____

Policy Number: _____

Policy Type: _____

A copy of the policy is located: _____

Insurance Agent: _____

Address: _____

City, State: _____

Phone Number: _____

Other Insurance (Auto, Homeowner's, Health):

Insurance Company: _____

Policy Number: _____

Policy Type: _____

A copy of the policy is located: _____

Insurance Agent: _____

Address: _____

City, State: _____

Phone Number: _____

Insurance Company: _____
Policy Number: _____
Policy Type: _____
A copy of the policy is located: _____
Insurance Agent: _____
Address: _____
City, State: _____
Phone Number: _____

Insurance Company: _____
Policy Number: _____
Policy Type: _____
A copy of the policy is located: _____
Insurance Agent: _____
Address: _____
City, State: _____
Phone Number: _____

Benefit Plans

I participate in the following benefit plan(s) (e.g., pension, 401K, retirement):

Plan Name: _____
Organization: _____
Account Number: _____
Contact Name: _____
Address: _____
City, State: _____
Phone Number: _____

Benefit plans, con't

Plan Name: _____

Organization: _____

Account Number: _____

Contact Name: _____

Address: _____

City, State: _____

Phone Number: _____

Plan Name: _____

Organization: _____

Account Number: _____

Contact Name: _____

Address: _____

City, State: _____

Phone Number: _____

Plan Name: _____

Organization: _____

Account Number: _____

Contact Name: _____

Address: _____

City, State: _____

Phone Number: _____

Bank Accounts

Current accounts in my name are located at the following banks:

Account Number: _____

Account Type: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

Account Number: _____

Account Type: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

Account Number: _____

Account Type: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

Bank accounts, con't

Account Number: _____

Account Type: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

Account Number: _____

Account Type: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

My check book is located: _____

My savings account books are located: _____

Safe Deposit Box

Box Number: _____

Co-signer: _____

Bank: _____

Address: _____

City, State: _____

Contact: _____

Phone Number: _____

Certificates

My birth certificate is located: _____
My baptismal certificate is located: _____
My military records are located: _____
Marriage certificate is located: _____
Citizenship papers are located: _____
Divorce papers are located: _____

Real Estate

You may want to make sure that with the deed, you have copies of the mortgage agreement, surveys, property insurance policies, tax receipts, and leases.

Non-rental property

Property address: _____
City, State: _____
Co-owner name: _____
Co-owner address: _____
Co-owner city, state: _____
Co-owner phone: _____
Location of deed: _____

Property address: _____
City, State: _____
Co-owner name: _____
Co-owner address: _____
Co-owner city, state: _____
Co-owner phone: _____
Location of deed: _____

Rental property

Property address: _____

City, State: _____

Co-owner name: _____

Co-owner address: _____

Co-owner city, state: _____

Co-owner phone: _____

Tenant name: _____

Tenant phone number: _____

Location of deed:

Property address: _____

City, State: _____

Co-owner name: _____

Co-owner address: _____

Co-owner city, state: _____

Co-owner phone: _____

Tenant name: _____

Tenant phone number: _____

Location of deed: _____

Mortgage Information

Property: _____

Mortgage held by: _____

Address: _____

City, State _____

Phone Number: _____

Location of mortgage agreement: _____

Property: _____
Mortgage held by: _____
Address: _____
City, State _____
Phone Number: _____
Location of mortgage agreement: _____

Property: _____
Mortgage held by: _____
Address: _____
City, State _____
Phone Number: _____
Location of mortgage agreement: _____

Financial Assets

Records of purchase and sale are located: _____

Broker Name: _____
Company: _____
Address: _____
City, State: _____
Phone: _____

Investment club memberships

Club Name: _____
Account Number: _____
Contact: _____
Address: _____
Address: _____
City, State: _____
Phone Number: _____

Stocks and Bonds

Stock/Bond Name	Certificate Number	Located
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other investments (IRA, CD, mutual funds etc.)

IRA

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Certificates of Deposit

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Mutual Funds:

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Name: _____

Account: _____

Institution: _____

Address: _____

City, State _____

Contact: _____

Income Tax

Copies of my income tax returns, together with all receipts are located:

Personal property

Personal possessions not located at residence are located:

Jewelry and other valuables are located:

Automobile(s)

Car make, model & year: _____

Color: _____

Located: _____

Owned/leased: _____

Co-owner: _____

Car make, model & year: _____

Color: _____

Located: _____

Owned/leased: _____

Co-owner: _____

Boat(s)

Manufacturer & model: _____

Color: _____

Located: _____

Owned/leased: _____

Co-owner: _____

Other property

Personal debts

Owed to me (name, amount, where agreement/contract located)

Owed by me (name, amount, where agreement/contract located)

Other information not included elsewhere in this booklet

Funeral Arrangements

Arrangements for the care of my remains have been made with the following funeral home:

Funeral Home: _____

Contact person: _____

Address: _____

City, State: _____

Phone Number: _____

I participate in the following funeral plan:

Plan Name: _____

Papers are located: _____

Contact Name: _____

Phone Number: _____

I understand that a funeral is for the comfort of the living and not for the dead. Should my survivors want some sense of my preferences, they are included as follows, but any changes that would be helpful for them have my blessing.

I would like my remains to be buried () cremated ()

If cremated, I would like it to occur:

____As soon after death as possible

____After funeral services

The ashes should be disposed of in the following manner (check state legalities):

I own a cemetery plot: ____ yes ____ no

Cemetery Name: _____

City, State: _____

Contact: _____

Phone Number: _____

The deed to the plot is located: _____

There is a provision for perpetual care: ____ yes ____ no

The following persons know about these arrangements:

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Relationship: _____

If you have no pre-arranged funeral plan

Casket specifications: _____

I prefer to be buried (where): _____

I prefer my grave to be: marked () unmarked ()

Directions for marking (check cemetery policy):

Veterans may want to check with authorities because the government may provide a coffin and/or headstone for the grave.

I do () do not () wish calling hours at the funeral home.

I do () do not () wish the body at the church service.

Additional instructions:

Special clothing:

Jewelry:

Dentures/hearing aids/glasses:

Other:

Funeral or Memorial Service Instructions

Name: _____ Date: _____

Baptized Christians are properly buried from the church. The service should be held at a time when the congregation has an opportunity to be present.

Circumstances permitting, I wish my Burial Services to take place at:

Church: _____

Address: _____

City, State: _____

Phone Number: _____

And conducted by: _____

And/or a memorial service to be held at: _____

A funeral home service to be held:

Funeral Home: _____

Address: _____

City, State: _____

Phone Number: _____

Contact: _____

I would () would not () like a celebration of the Eucharist with the service.

I would like the church's Burial Rite without Communion. ()

I prefer: Burial of the Dead Rite I () Burial of the Dead Rite II ()

I would like the following psalms and scripture readings used as part of the service
(see page 29 for suggestions):

Old Testament: _____

New Testament: _____

Gospel: _____

Psalm: _____

If you have specific readers in mind, please indicate the person's name next to each reading.

I prefer there be no music. ()

I prefer the following type of music:

___ Organ ___ Piano ___ Guitar ___ Strings ___ Flute ___ Choir ___ Soloist

I especially like the following hymns (*see page 30 for suggestions*):

The coffin is to be closed before the service, and it remains closed thereafter. It is appropriate that it be covered with a pall or other suitable covering.

I prefer that the casket be covered with:

___ A pall ___ National flag (*please specify which country*) ___ Flowers

Among the pall bearers, I hope that some of the following may be included. (*There are usually six or eight.*)

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Pallbearers, con't

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

I would like the following honorary pall bearers.

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

Name: _____

Address: _____

City, State: _____

Phone Number: _____

In lieu of flowers, I would prefer contributions be sent to: (specify name and address)

Organization Name: _____

Address: _____

City, State _____

Contact Person: _____

Phone Number: _____

In addition to the foregoing directions I would like:

Biographical Data (*invaluable help for death certificates and in writing obituaries*)

Your Information

Full Legal Name: _____

Present Address: _____

City, State _____

Social Security Number: _____

Date of Birth: _____

Birthplace: _____

Father's Information

Full name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Mother's Information

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Parent's marriage date and place: _____

Sibling Information

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Your present marital status:

Single Married Partnered Widowed Divorced

Name of spouse

Full name (with maiden name): _____

Occupation: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Date and place of marriage: _____

Children information

Full name (with maiden name): _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Spouse's name: _____

Children's name(s) _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Spouse's name: _____

Children's name(s) _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Spouse's name: _____

Children's name(s) _____

Full name with maiden name: _____

Birth date: _____

Birth place: _____

Deceased (if yes, include date)? _____

If living, address: _____

Spouse's name: _____

Children's name(s) _____

Number of great-grandchildren: _____

Relatives and Friends

Please notify immediately (make a list and attach it here):

Name: _____

Phone Number: _____

Relationship: _____

Please notify by letter (Consider attaching a photocopy of your address book here):

Name: _____

Address: _____

**Suggested Lessons from Holy Scripture from *The Book of Common Prayer*
for Funeral and Memorial Service Planning**

Old Testament

Isaiah 25:6-9

Isaiah 61:1-3

Lamentations 3:22-26, 31-33

Wisdom 3:1-5, 9

Job 19:21-27a

New Testament

Romans 8:14-19, 34-35, 37-39

1 Corinthians 15:20-26, 35-38, 42-44, 53-58

2 Corinthians 4:16-5:9

1 John 3:1-2

Revelation 7:9-17

Revelation 21:2-7

Gospel

John 5:24-27

John 6:37-40

John 10:11-16

John 11:21-27

John 14:1-6

Psalms

Selected verses from

Psalm 23

Psalm 27

Psalm 42

Psalm 46

Psalm 90

Psalm 106

Psalm 116

Psalm 121

Psalm 130

Psalm 139

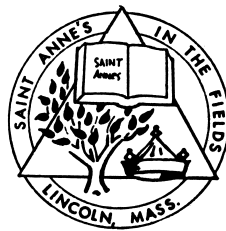
Hymns for Funeral and Memorial Service Planning

The following hymns are suggested as being particularly appropriate for the Burial office. They are by no means the only possibilities, and many hymns of a more general nature may also be suitable.

194	Jesus lives! thy terrors now
208	Alleluia! The strife is o'er
287	For all the saints
293	I sing a song of the saints of God
356	May choirs of angels lead you
388	O worship the king
447	The Christ who died but rose again
457	Thou art the Way
526	Let saints on earth in concert sing
618	Ye watchers and ye holy ones
620	Jerusalem my happy home
625	Ye holy angels bright
635	If thou but trust in God
637	How firm a foundation
645/6	The King of love my shepherd is
658	As long the deer for cooling streams
663	The Lord my God my shepherd is
668	I to the hills will lift mine eyes
671	Amazing grace
680	O God, our help in ages past
687/8	A mighty fortress is our God
690	Guide me, O thou great Jehovah

Equally suitable, though perhaps less well known:

189	Love's redeeming work is done
338	Wherefore, O Father, we thy humble servants
379	God is Love, let heaven adore him
487	Come, my Way, my Truth, my Life
492	Sing, ye faithful, sing with gladness
517	How lovely is thy dwelling place
665	All my hope on God is founded
692	I heard the voice of Jesus say



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