



FUNERAL PLANNING FORM FOR: _____

PERSONAL INFORMATION

First name:		
Middle name(s):		
Last name:		
Surname at birth (if different than above):		
Name by which you prefer to be addressed:		
Birth month, day, year (<i>Example: September 10, 1950</i>)		
Family member or friend to contact for purposes of funeral planning:	Name:	
	Relation to you:	
	Address:	
	Phone:	
Additional family member or friend to contact for purposes of funeral planning:	Name:	
	Relation to you:	
	Address:	
	Phone:	

FUNERAL CHOICES AND PREFERENCES

Check
Choice(s):

Funeral home:	<input type="checkbox"/>	I have prepaid for my funeral (indicate funeral home and address):
	<input type="checkbox"/>	I have not prepaid for my funeral but intend to make those arrangements soon (indicate funeral home and address):
	<input type="checkbox"/>	I have not prepaid for my funeral but wish for it to be handled by the following (indicate funeral home and address):
	<input type="checkbox"/>	Other (please specify):
Remains to be:	<input type="checkbox"/>	Cremated
	<input type="checkbox"/>	Buried
	<input type="checkbox"/>	Other (please specify):
Burial location:	<input type="checkbox"/>	I own a cemetery plot or niche (indicate cemetery, address and plot/niche number):
	<input type="checkbox"/>	I do not own a cemetery plot or niche, but I intend to make those arrangements soon (indicate cemetery or columbarium):
	<input type="checkbox"/>	I do not own a cemetery plot or niche, but would prefer my remains to rest at the following (indicate cemetery or columbarium):
	<input type="checkbox"/>	My remains will be handled in a different manner (please specify):

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Check
Choice(s):

Reception:	<input type="checkbox"/>	I would like a reception after the service
	<input type="checkbox"/>	I will leave this decision for others to make
	<input type="checkbox"/>	Other (please specify):
Internment:	<input type="checkbox"/>	After the service
	<input type="checkbox"/>	At a later date
	<input type="checkbox"/>	I will leave this decision for others to make
	<input type="checkbox"/>	Other (please specify):
Location of service:	<input type="checkbox"/>	St. Olave's Anglican Church
	<input type="checkbox"/>	Funeral Home Chapel (list funeral home name and address):
	<input type="checkbox"/>	Other (please specify):
Type of service:	<input type="checkbox"/>	Holy Communion (only possible if service held in a church)
	<input type="checkbox"/>	Burial Service without Communion
	<input type="checkbox"/>	Other (please specify):
Hymns (usually two or three):	<input type="checkbox"/>	No preferences (I will leave it for the Organist to decide)
	<input type="checkbox"/>	Abide With Me
	<input type="checkbox"/>	For All the Saints
	<input type="checkbox"/>	Guide Me, O Thou Great Jehovah
	<input type="checkbox"/>	Jerusalem the Golden
	<input type="checkbox"/>	O God, Our Help in Ages Past
	<input type="checkbox"/>	The Lord's My Shepherd
	<input type="checkbox"/>	The Day Thou Gavest, Lord, is Ended
	<input type="checkbox"/>	Amazing Grace
	<input type="checkbox"/>	Be Thou My Vision
	<input type="checkbox"/>	Others (list here):
		<i>Leave this box blank if you don't have any additional hymn preferences</i>
Other music:	<input type="checkbox"/>	List other pieces of music you would like besides hymns, if any:
		<i>Leave this box blank if you don't have any preferences</i>

