

360 Windermere Avenue Toronto, Ontario, M6S 3L4 416-769-5686 | stolaves@stolaves.ca

stolaves.ca

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 (Example: September 10, 1950)			
Family member or friend to contact for purposes of	Name:		
funeral planning:	Relation to you:		
	Address:		
	Phone:		
Additional family member or friend to contact for purposes	Name:		
of funeral planning:	Relation to you:		
	Address:		
	Phone:		

FUNERAL CHOICES AND PREFERENCES

Check Choice(s):

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

Check Choice(s):

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

Check Choice(s):

First	No preference (I will leave it for the clergy to decide)
 	
lesson:	Job 19.1,21-27a
-	Isaiah 25.6-9
	Isaiah 61.1-3
-	Daniel 12.1-3
-	Wisdom 3.1-9
	Romans 8.14-39 (BCP p. 595 – see italics)
	Romans 8.31-39(BCP p. 608)
_	1 Corinthians 15 (BCP p. 595-597)
_	2 Corinthians 4.16-5.10 (BCP p. 595 – see italics)
	1 Thessalonians 4.13-18
	Revelation 21.1-7 (BCP p. 609)
	Other (list here):
	Leave this box blank if you don't have any additional preferences
Psalm:	No preference (I will leave it for the clergy to decide)
	Psalm 23
	Psalm 25
	Psalm 42
	Psalm 90
	Psalm 121
	Psalm 130
	Other (list here):
	Leave this box blank if you don't have any additional preferences
Second	No preference (I will leave it for the clergy to decide)
lesson:	John 6.35-40 (BCP p. 610)
	Matthew 5.1-12a
	Matthew 11.25-30
	Mark 15.33-39; 16.1-7
	John 10.11-16
	John 14.1-6
	John 20.1-9
	Other (list here):
	Center (not nere).
	Leave this box blank if you don't have any additional preferences

People	Readers (list names):	
involved in		
the service:	Leave this box blank if you don't have any preferences	
	Clergy (other than clergy of St. Olave's):	
	Leave this box blank if you don't have any preferences	
	Musicians (other than musicians of St. Olave's):	
	Leave this box blank if you don't have any preferences	
	Other (please specify):	
	Leave this box blank if you don't have any preferences	
Memorial	I would like to invite people to make a charitable donation in my memory to:	
offerings	St. Olave's Anglican Church	
(check all	St. Olave's Second Century Mission Fund	
that apply)	Other charit(ies) (please specify)	
	Leave this box blank if you don't have any preferences	
Other notes re	egarding my funeral:	
	I coue this how blook if you don't house one - Julius - I for	
	Leave this box blank if you don't have any additional preferences	
This documen	nt details my preferences for my funeral. I acknowledge that best efforts will be made	
to re	espect my wishes, but that it may not be possible to fulfill every preference.	
	Date:	
Signature:		
Full Name (please print):		

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