

# Christ Episcopal Church

20 West First Street  
Dayton, Ohio 45402  
937.223.2239

## ***PLANNING AHEAD*** **ARRANGEMENTS FOR FUNERAL / BURIAL** **PERSONAL AND FINANCIAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Immediate

Family Member: \_\_\_\_\_

Contact person completing arrangements: \_\_\_\_\_

Phone: \_\_\_\_\_

The material in this booklet has been designed as an aid to surviving family members and the church at the time of your death. File this information where it will be found easily upon your death.

For assistance in filling this out, please feel free to contact a member of the clergy. Section one of this booklet should be given to the person who will handle the funeral arrangements, with copies to the church. Section two should be given to your executor, your attorney, and a copy kept in your safety deposit box.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

INFORMATION OF: \_\_\_\_\_

This planning workbook has been designed to assist Christians with preparations that will help their families, their pastor or funeral director, at the time of their death. At Christ Episcopal Church, as in all Christian Churches, we believe very deeply in our Lord's promise of eternal life to all who trust in and seek to be obedient to Christ. We view the service for the burial of the dead as a solemn moment in the life of the Church, reminding us all of our physical mortality; but we, as Christians, also see this time as one in which we can be reminded to give thanks again to God for caring enough about us to send Jesus, that we might have the gift of eternal life.

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.

And so, we are offering you this workbook 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 clergyperson 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.**

*Let someone know where this record will be kept. Do not keep the only copy in your safe deposit box.* It should be kept with your important papers where it will be accessible to others. Make sure to give a copy to your clergy and attorney.

***“In sure and certain hope for the resurrection to eternal life through our Lord Jesus Christ,”  
this booklet has been prepared by***

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*please print name*

---

*Date*

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# Family's Check List

## *Planning Ahead (check box if completed):*

- Complete this booklet.
  - Funeral, burial plans and arrangements\_\_\_\_\_
  - Make a will\_\_\_\_\_ Living Will\_\_\_\_\_ durable power of attorney for health care\_\_\_\_\_ Organ Donor Pledge\_\_\_\_\_ Donation of Body for research\_\_\_\_\_ Other\_\_\_\_\_
  - Where are these documents on file (please give name and address)
    - Clergy \_\_\_\_\_
    - Family member(s) \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
    - Physician \_\_\_\_\_
    - Attorney \_\_\_\_\_
    - Safety Deposit Box \_\_\_\_\_
- Talk to your family members, close friends, attorney, and physician about your plans and wishes.\_\_\_\_\_
- Keep updated record of all legal and financial papers.\_\_\_\_\_

## *At the time of Death:*

- Call your priest.
- If under Hospice care, call the nurse/care-giver.
- If death was anticipated, call the physician.
- If unexpected, call physician or police.
- If death occurs while traveling, call police.
- Call funeral director.
- Notify friends, relatives and business colleagues.

## *Following funeral services and burial, a family member should:*

- Obtain multiple copies of death certificate. (Proof of death will be required for each insurance claim.)
- Consult an attorney concerning will, probate and tax matters.
- Locate important papers.
- Contact agent of life insurance company and local Social Service Office.
- If deceased was in active civil service and you meet the requirements, apply for benefits.
- If deceased was a veteran, contact the nearest Veterans; Administration office.
- Contact organizations in which deceased held membership.
- Contact the deceased employer/business associates.
- If appropriate, visit your trust officer.
- Gather the deceased's current bills and notify creditors.
- Contact office of Pension Fund.
- If death accidental, insurance coverage may exist through a local bank, a credit card company, travel agency or other association which deceased belonged. Contact each association, agency, or institution to determine if such coverage existed.



# Instructions for my Funeral

## *Planning your Funeral and Burial*

**Burial from the Church:** Baptized Christians, having been nurtured in the Church, are properly buried from the Church. In special circumstances the clergy will read the Burial Office at the funeral home or graveside, but church/chapel services are preferred.

**Cremation:** Cremation is in keeping with the Church's teaching about death. In such cases, the service is held in the church, either before (Funeral Service) or after (Memorial Service) the burial or committal of the ashes. There is a Columbarium at Christ Church which contains niches for urns. These niches and urns can be purchased through the church office.

**Music and the Service:** It is appropriate, if you desire, to sing hymns at the burial of the dead. The selection of hymns, prayers, scripture and other details of the service is done in consultation with the clergy and organist.

**Pall for the Coffin:** The coffin is to be closed before the service and it remains closed thereafter. A pall to cover the coffin during the service in the church is provided by the church. The pall reminds us of the equality of all people before God. The only exception to the use of the pall is in the case of a veteran of the United States military, whose coffin may be covered at the gravesite by an American flag, if desired.

**Flowers:** Flowers at a church funeral are usually displayed only as on Sundays, which is at the Altar. Flowers are not used on the coffin at the burial service.

**Funeral Expenses:** While expenses in connection with a funeral are for the family to decide, please remember that it is fitting to keep funeral expenses to a minimum. As a member of an Episcopal congregation, there is no charge for the use of the church building or for the services of the clergy. An honorarium may be given to the clergy. There is a fee for the organist.

**Pre-Arrangements:** Members of the church are urged to make pre-arrangements. Copies of the forms in this booklet should be kept on file in the church office and with your family. Changes may be made at anytime, but it is most important to keep the clergy and your family informed of any changes and the copies updated.

*The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection.*

*Because Jesus was raised from the dead, we, too, shall be raised.*

*The liturgy, therefore, is characterized by joy, in the certainty that "neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord." (Romans 8)*

*This joy, however, does not make human grief un-Christian.*

*So, while we rejoice that the one we love has entered into the nearer presence of our Lord, we join in sorrow and sympathy with those who mourn. (BCP, p. 507)*

## INSTRUCTIONS FOR MY FUNERAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person to contact to make arrangements: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you made any preliminary arrangements with the funeral home? \_\_\_\_\_

If so, where? \_\_\_\_\_

Do you have a burial plot you wish to use? \_\_\_\_\_ If so, where? \_\_\_\_\_

Lot #, location of grave or plot, if known \_\_\_\_\_

If cremated, have you made arrangements for the interment of the ashes? \_\_\_\_\_

If so, where? \_\_\_\_\_

INFORMATION OF: \_\_\_\_\_



# Funeral Arrangements

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

Funeral Home: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone: \_\_\_\_\_

I participate in the following funeral plan:

Plan Name: \_\_\_\_\_

Papers are located: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

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 ( )

Visitation: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In church \_\_\_\_\_ At Funeral Home

Closed casket at visitation \_\_\_\_\_ Yes \_\_\_\_\_ No

If cremated, I would like it to occur:

\_\_\_\_\_ As soon after death as possible

\_\_\_\_\_ After funeral services

If cremated, the ashes should be disposed of in the following manner (check state legalities):

\_\_\_\_\_  
\_\_\_\_\_

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

### ***Additional Instructions:***

Special clothing: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Dentures, hearing aid, glasses: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



*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: \_\_\_\_\_  
Telephone: \_\_\_\_\_

---

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

Organization name: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: \_\_\_\_\_

---

*My attorney is:*

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: \_\_\_\_\_



# Christ Church Columbarium

The Columbarium at Christ Church represents one more attempt to serve our people based on a study of contemporary needs. A parish cemetery in the churchyard is a long accepted Christian practice. With the rapid growth of cities and the high cost of land, this ancient custom is no longer practical.

Many of us are constantly moving about the country and the places where we can inter the remains of our loved ones are often far away, and have no special significance.

Since cremation is an accepted practice of the Church and is being increasingly used in larger cities, and since the interment of the faithful departed near, beneath, or in the church building is a long established practice, and also since this means of interment assures reasonable burial costs, the Columbarium (Latin: dove cote) has been built in Christ Church.

Each niche is capable of accommodating two suitable urns. Each niche is faced with a slate tablet on which the names of the deceased persons and the years of birth and death may be placed.

Rules and regulations (see below) for the use of the Columbarium have been established by the Vestry of Christ Church. The cost of interment space, an urn, the nameplate, and the opening and closing of the niche is \$500 for initial use and \$500 for subsequent use- (second interment).

The Columbarium is located at the foot of the stairway leading from the Narthex.

Please contact the church office, 223-2239 for additional information.

*“ . . . And I will dwell in the House of the Lord forever” - Ps. 23:66*

## COLUMBARIUM REGULATIONS

1. There will be no restrictions based on the race or creed of subscribers and designated users of the columbarium. However, preference will be given to members of Christ Church and their families.
2. Price of a niche will be \$500. This includes the cost of interment of one person — specifically, the urn, nameplate, and unsealing and sealing of the niche. A charge of \$500 will be made for each subsequent use of the niche, including the same services as above. No more than 529 (2) persons can be interred in each niche.
3. A religious service, conducted by or with a deacon or priest of Christ Church present, shall be held at each interment.
4. There shall be no flowers or other ornamentation.
5. The office of Christ Church shall maintain a Columbarium Register containing a list of subscribers and designated users.
6. If a niche is vacated, or if the right to inter is surrendered, all rights to the niche revert to Christ Church. The church may refund the original purchase price, less costs.
7. Remains shall be removed from the Columbarium at the request of heirs, their agents, in consultation and on approval of the rector. The cost of removal shall be borne by the petitioner.
8. In the event that the property on which the Columbarium is located ceases to be used as the site of Christ Church or if, for any other reason, the Vestry of Christ Church shall at any time decide to discontinue and disband the Columbarium, the Vestry shall have the right to cause all ashes to be removed there from. Prior to such removal, a notice thereof shall be published in a paper of general circulation in the City of Dayton once a week for at least four weeks. In addition, notice of such removal shall be mailed to the living subscribers at their most recent address as shown on the Columbarium Register. Upon request, interred ashes shall be delivered to a designated user, or a close heir of the deceased, or subject to the approval of the Rector, to such other appropriate person as may request the same. If, after two weeks after the last publication of notice, any ashes are unclaimed, they shall be reinterred at the expense of Christ Church in such suitable grave as the Rector may select. Such reinterment shall be done in a reverend manner, with such church services as the Rector may deem appropriate. A full refund shall be made for any niche which shall have been subscribed for, but not occupied.
9. These regulations may be altered, amended, or repealed by a vote of at least two thirds of the members of the vestry.
10. Nothing contained in the foregoing Regulations shall grant, convey, or in any way, vest in a subscriber or designated user, or in the heirs, next of kin, personal representatives, or assigns of either, any interest whatsoever in the real property on which the Columbarium is located.

Additional Information: Columbarium size—9” x 9” x 9”; Urn: 7-1/2” x 5-1/2” x 4” (it can be no larger than 7-1/2” x 7-1/2” x 4”). Brass plate with name, birth date and death date is ordered from Dayton Stencil. (4” x 1-1/2” Brass—sticky back).



# Cemetery Information



I own a cemetery plot/Columbarium niche      \_\_\_\_\_ yes      \_\_\_\_\_ no

Cemetery Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone: \_\_\_\_\_

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: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

If you have no pre-arranged funeral plan...

Casket specifications: \_\_\_\_\_

I prefer to be buried (where): \_\_\_\_\_

I prefer to have my grave:      \_\_\_\_\_ 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.*



# Funeral/Memorial Service General Information

*Name of spouse*

Full Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

---

*Children information*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_



***Sibling information***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

# Service Instructions



*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: \_\_\_\_\_

Telephone: \_\_\_\_\_

Conducted by: \_\_\_\_\_

And/or a memorial service to be held at: \_\_\_\_\_

A funeral home service to be held at: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

City, state: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

The service begins on page 469 in the Book of Common Prayer (Rite I), or page 491 (Rite II).

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 suggestions on next page):

Old Testament: \_\_\_\_\_ *Name*

New Testament: \_\_\_\_\_ *Name*

Gospel: \_\_\_\_\_ *Name*

Psalm: \_\_\_\_\_ *Name*

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



# Scripture Readings & Music

## SCRIPTURE READINGS

Usually there are three readings, once each from the Old Testament, New Testament Epistles, and the Gospels as well as one or two psalms. The selections listed below are especially appropriate, although any passage of scripture may be used.

Please indicate your choices:

### From the Old Testament

- \_\_\_\_\_ Isaiah 25:6-9 (He will swallow up death forever)
- \_\_\_\_\_ Isaiah 61:1-3 (To comfort those who mourn)
- \_\_\_\_\_ Lamentations 3:22-26; 31-33 (The Lord is good to those who wait for him)
- \_\_\_\_\_ Wisdom 3:1-5, 9 (The souls of the righteous are in the hands of God)
- \_\_\_\_\_ Job 19:21-27a (I know that my Redeemer lives)

### From the New Testament Epistles

- \_\_\_\_\_ 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 (The imperishable body)
- \_\_\_\_\_ 2 Corinthians 4:16-5:9 (Things that are unseen are eternal)
- \_\_\_\_\_ 1 John 3:1-2 (We shall be like him)
- \_\_\_\_\_ Revelation 7:9-17 (God will wipe away every tear)
- \_\_\_\_\_ Revelation 21:2-7 (Behold I make all things new)

### From the Gospels

- \_\_\_\_\_ John 5:24-27 (He who believes has everlasting life)
- \_\_\_\_\_ John 6:37-40 (All that the Father gives me will 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 rooms)

### From the Psalms

- \_\_\_\_\_ 42:1-7; \_\_\_\_\_ 46; \_\_\_\_\_ 90:1-12; \_\_\_\_\_ 121; \_\_\_\_\_ 130; \_\_\_\_\_ 139:1-11;
- \_\_\_\_\_ 23; \_\_\_\_\_ 27; \_\_\_\_\_ 106:1-5; \_\_\_\_\_ 116.

Other Scriptures? \_\_\_\_\_

## MUSIC FOR FUNERALS

### CANONS AND RUBRICS

Title II, Canon 6, Section I — "...It shall be the duty of every Minister to see that music is used as an offering for the glory of God and as a help to the people in their worship in accordance with the Book of Common Prayer and as authorized by the rubrics or by the General Convention of this Church. To this end. The Minister shall have the final authority in the administration of matters pertaining to music. In fulfilling this responsibility, the Minister shall seek assistance from persons skilled in music. Together they shall see that music is appropriate to the context in which it is used."

Concerning the Service of the Church BCP, p. 14

"Hymns referred to on the rubrics of this Book are to be understood as those authorized by this Church. The words of anthems are to be from Holy Scripture, or from this Book, or from texts congruent with them."

"On occasion, and as appropriate, instrumental music may be substituted for a hymn or anthem."

"When it is desired to use music composed for them, previously authorized liturgical texts may be used in place of the corresponding texts in this Book."



**General Information**

- Music at funerals is optional
- Music serves the liturgy.
- Music has a pastoral dimension: it comforts the bereaved.
- Music has an evangelical dimension: it proclaims the faith
- 

**Pre-Service and Post-Service Music:** Usually organ Prelude/Postlude. Other instruments are optional. Vocal soloists are not encouraged.

**Service Music:**

- Entrance Anthems (Rite I & II) can be sung or said
- Entrance Hymn (Rite II)
- Psalm, Canticle or Hymn after Old Testament Lesson
- Psalm, Canticle or Hymn after New Testament Lesson
- Sung Settings for Psalms & Canticles
- Plainsong or Plainchants
- Anglican Chant or Simplified Anglican Chant
- Metrical Psalms or Hymn Paraphrases
- Responsorial Psalms
- Offertory Hymn or Anthem
- Eucharistic Music: Sanctus, Benedictus, Acclamation, Amen, Fraction, etc.
- Hymn(s) or other music during Communion
- Commendation Anthem or Hymn
- Exit Anthems, Hymn or Canticle

I prefer there be **no** music ( ).

I prefer the following type of music:

\_\_\_\_ Organ    \_\_\_\_ Piano \_\_\_\_ Guitar    \_\_\_\_ Strings    \_\_\_\_ Choir    \_\_\_\_ Soloist

I especially like the following hymns (see suggestions on next page):

**Hymns/Songs:** (Music for Easter/Resurrection is particularly appropriate)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Other music:** (Special requests for prelude, postlude, choir)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Hymn Suggestions

*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.*

Entrance (Rite II only)	526	Let saints on earth in concert sing
	388	O worship the King, all glorious above! (Ps 104)
Sequence:		
Offertory:	457	Thou art the Way, to thee alone (Jn 14)
	379	God is Love, let heaven adore him
	455	O love of God, how strong and true
Communion	526	Let saints on earth in concert sing
	335	I am the bread of life
The Commendation:		
Exit:	618	Ye watchers and ye holy ones (Rev 7)
1982	195	Jesus lives! Thy terrors now (4)
	208	Alleluia! The strife is o'er, the battle done (5)
	287	For all the saints, who from their labors rest (8)
	357	May choirs of angels lead you to Paradise on high (3)
	358	Christ the Victorious, give to your servants (4)
	429	I'll praise my Maker while I've breath (4)
	444	Blessed be the God of Israel (3)
	447	The Christ who died but rose again (4)
	455	O Love of God, how strong and true (4)
	487	Come, my Way, my Truth, my Life (3)
	499	Lord God, you now have set your servant free (1)
	517	How lovely is thy dwelling-place (4)
	620	Jerusalem, my happy home (5)
	623	O what their joy and their glory must be (5)
	625	Ye holy angels bright (4)
	635	If thou but trust in God to guide thee (2)
	636	How firm a foundation, ye saints of the Lord (5)
	637	How firm a foundation, ye saints of the Lord (5)
	645	The King of love my shepherd is (6)
	656	The King of love my shepherd is (6)
	658	As longs the deer for cooling streams (4)
	663	The Lord my God my shepherd is (5)
	664	My Shepherd will supply my need (3)
	665	All my hope on God is founded (5)
	666	Out of the depths I call (4)
	668	I to the hills will lift mine eyes (4)
	680	O God, our help in ages past (6)
	688	A mighty fortress is our God (4)
	690	Guide me, O thou great Jehovah (3)
	692	I heard the voice of Jesus say (3)
	450	All hail the power of Jesus' Name
	470	There's a wideness in God's mercy
	482	Lord of all hopefulness
	488	Be thou my vision
	490	I want to walk as a child of the light
	527	Singing songs of expectation
	671	Amazing Grace
	608	Eternal Father, strong to save
	293	I Sing a Song of the Saints of God



# To Be Notified

## *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: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_



# Contributions/Memorials



Casket \_\_\_\_\_ Ashes \_\_\_\_\_ Body donated \_\_\_\_\_

I prefer the casket be covered with:

\_\_\_\_\_ A pall \_\_\_\_\_ National flag

Will interment follow or will it occur at another time? \_\_\_\_\_

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

## Contributions/memorials specified for:

Parish Memorial Fund: Yes \_\_\_\_\_ No \_\_\_\_\_

Parish Endowment Fund: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state: \_\_\_\_\_

Telephone: \_\_\_\_\_

**If donation given to Christ Church, to whom do we send acknowledgement of these gifts.**

**Please list name, address & phone number.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Other Instructions

**Other instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pallbearers:** (Name, address and phone for each)

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Reception following service:** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_

Christ Church Bereavement Committee to supply food for reception? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, see prices below)

**Funeral/Reception Expenses**

Send statement to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Church Fees as of 2009



*While expenses in connection with a funeral are for the family to decide, please remember that it is fitting to keep funeral expenses to a minimum. As a member of an Episcopal congregation, there is no charge for the use of the church building or for the services of the clergy. An honorarium may be given to the clergy. There is a fee for the organist.*

**Clergy:** There is no clergy fee for the Rector of Christ Episcopal Church, however an honorarium to the Christ Church Discretionary Fund would be gratefully accepted.

**Other Clergy:** While there is no charge for the rector of Christ Church, if you wish other clergy to participate, you will need to contact said clergy as to their fee and preferred method of payment.

**Organist:** \$150

**Building:** No charge

**Sexton Fee:** As the church is normally open Monday through Friday, there is no charge unless a Friday or Saturday funeral. The charge then would be \$75.

## Reception Fees:

Coffee, Tea & Cookies		Coffee, Tea, Small Sandwiches, Relish Tray, Fruit, and Cookies	
25 to 50 people	\$50	25 to 50 people	\$150
50 to 75 people	\$75	50 to 75 people	\$225
75 to 100 people	\$100	75 to 100 people	\$300
100 to 125 people	\$125	100 to 125 people	\$375
125 to 150 people	\$150	125 to 150 people	\$450

**Flowers:** Flowers at a church funeral are usually displayed only as on Sundays, which is at the Altar. Flowers are not used on the coffin at the burial service. If you wish Christ Church to order an altar arrangement for you, our usual altar arrangement is \$60. If you wish to order the arrangement yourself and wish to use our florist, contact Furst Florist, 223-1213.

Do you wish an invoice or do you plan on paying after the funeral?

## Funeral/Reception Expenses

Send statement to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Biographical Data



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

## ***Your Information***

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Name use other than legal name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_

---

## ***Father's Information***

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(*if yes, include date*)? \_\_\_\_\_

If living, address: \_\_\_\_\_

---

## ***Mother's Information***

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(*if yes, include date*)? \_\_\_\_\_

If living, address: \_\_\_\_\_

Parent's marriage date  
and place: \_\_\_\_\_



# Family Members (Siblings)

## *Sibling Information*

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(if yes, include date)? \_\_\_\_\_

If living, address: \_\_\_\_\_

## *Sibling Information*

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(if yes, include date)? \_\_\_\_\_

If living, address: \_\_\_\_\_

## *Sibling Information*

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(if yes, include date)? \_\_\_\_\_

If living, address: \_\_\_\_\_

## *Sibling Information*

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
(if yes, include date)? \_\_\_\_\_

If living, address: \_\_\_\_\_

# Family Members (Spouse & Children)



*Your present marital status:*

\_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Partnered    \_\_\_\_\_ Widowed    \_\_\_\_\_ Divorced

## *Name of Spouse*

Full Name *(with maiden name)*: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Date and place of  
marriage: \_\_\_\_\_

---

## *Children Information*

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's name(s): \_\_\_\_\_

---

## *Children Information*

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's name(s): \_\_\_\_\_



# Family Members (Children & Grandchildren)

## *Children Information*

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's name(s): \_\_\_\_\_

Number of Grandchildren: \_\_\_\_\_

Number of  
Great-grandchildren: \_\_\_\_\_

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_

Full Name *(with maiden name)*: \_\_\_\_\_

Birth date: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Deceased  
*(if yes, include date)?* \_\_\_\_\_

If living, address: \_\_\_\_\_



# Veteran's Burial Benefits



The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to a VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

*Service-related death.* The VA will pay an allowance toward burial and funeral expenses, and a plot interment allowance. If the death happened while the veteran was in a VA hospital or under contracted nursing care, the cost of moving the deceased may be reimbursed.

*Non-service related death.* The VA will pay an allowance toward burial expenses.

## HEADSTONES AND MARKERS

- The VA furnishes upon request, at no charge to the applicant, a Government headstone or marker to mark the unmarked grave of an eligible veteran in any cemetery around the world.
- Flat bronze, granite or marble markers and upright granite and marble headstones are available.
- The style chosen must be consistent with existing monuments at the place of burial. The cemetery must certify that the type chosen is permitted on the grave of the deceased.
- Niche markers are also available to mark columbaria used for inurnment of cremated remains.

## BURIAL FLAGS

Most veterans are eligible for a burial flag. Reservists entitled to retired pay are also eligible to receive a burial flag.

To facilitate receiving veteran benefits for which you may be eligible, you will need the following when you contact the Veterans Administration Office:

- Proof of the veteran's military service (DD 214)
- Service Serial Number
- Marriage License (if applicable)
- Children's Birth Certificate (if applicable)
- Certified Copy of the Death Certificate

*Veterans' Administration Toll-Free Phone Number*

1-800-827-1000

*www.va.gov*



# Veteran & Education Information

If you are a veteran, please complete the following:

Branch of Service: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Date & place of enlistment: \_\_\_\_\_

Type of Separation or Discharge of Service: \_\_\_\_\_

Date & place of Separation or Discharge: \_\_\_\_\_

Location of Military Discharge Papers (DD214): \_\_\_\_\_

Highest Grade, Rank or Rating Received: \_\_\_\_\_

Wars / Conflicts Served: \_\_\_\_\_

Additional Information / Medals / Honors / Citations: \_\_\_\_\_

\_\_\_\_\_

1. Organization or outfit: \_\_\_\_\_

2. Commendations, medals received: \_\_\_\_\_

## **Educational background** (Schools, dates, degrees)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current occupation & Past positions of employment: \_\_\_\_\_

\_\_\_\_\_

Membership in churches, clubs, organizations, service groups: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards received: \_\_\_\_\_

# Estate Information



## Importance of a Will

If you die without a Will, state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a Will, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted Will. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper Will. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of wills. It is recommended that this matter be handled by a competent attorney. Homemade Wills may not stand up in court.

You should review your Will every few years, particularly if you have moved or your family situation has changed since you last executed a Will. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a Will was executed.

When you realize how much is at stake . . . The well-being of your entire family and the protection of your property . . . We believe that you will find that the attorney's fee for drafting your Will and planning your estate is a worthwhile investment.

Full and legal name (include maiden name if applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Executor/trix: (Name, address and 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, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My copy is located: \_\_\_\_\_



# Insurance Policies

## ***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, Zip: \_\_\_\_\_

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, Zip: \_\_\_\_\_

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, Zip: \_\_\_\_\_

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, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Other Financial Information-Part I



***Benefit Plans***

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

**Plan name:** \_\_\_\_\_  
Organization: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Plan name:** \_\_\_\_\_  
Organization: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Credit cards and charge accounts to be canceled (name & number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Other Financial Information-Part II

**Bank Accounts** (Current accounts in my name are located at the following banks:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of Account: Checking #: \_\_\_\_\_ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of Account: Checking #: \_\_\_\_\_ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of Account: Checking #: \_\_\_\_\_ Savings #: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of Account: Checking #: \_\_\_\_\_ Savings #: \_\_\_\_\_

**Safe Deposit Box**

Box number: \_\_\_\_\_

Co-signer: \_\_\_\_\_

Bank/Branch: \_\_\_\_\_

Bank address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Key Location: \_\_\_\_\_

# Other Financial Assets—Part I



## Real Estate Holdings (Non-rental property):

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.

**Description:** \_\_\_\_\_

Address: \_\_\_\_\_

Deed Location: \_\_\_\_\_

Co-owner name, address & phone number: \_\_\_\_\_

**Description:** \_\_\_\_\_

Address: \_\_\_\_\_

Deed Location: \_\_\_\_\_

Co-owner name, address & phone number: \_\_\_\_\_

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## *Rental Property*

Property address: \_\_\_\_\_

City, State: \_\_\_\_\_

Co-owner name: \_\_\_\_\_

Co-owner address: \_\_\_\_\_

Co-owner city, state: \_\_\_\_\_

Co-owner phone: \_\_\_\_\_

Location of deed: \_\_\_\_\_

Tenant name: \_\_\_\_\_

Tenant phone number: \_\_\_\_\_

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Property address: \_\_\_\_\_

City, State: \_\_\_\_\_

Co-owner name: \_\_\_\_\_

Co-owner address: \_\_\_\_\_

Co-owner city, state: \_\_\_\_\_

Co-owner phone: \_\_\_\_\_

Location of deed: \_\_\_\_\_

Tenant name: \_\_\_\_\_

Tenant phone number: \_\_\_\_\_



# Other Financial Assets—Part II

## *Mortgage Information*

Property: \_\_\_\_\_

Mortgage held by: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Location of mortgage agreement: \_\_\_\_\_

Property: \_\_\_\_\_

Mortgage held by: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Location of mortgage agreement: \_\_\_\_\_

Property: \_\_\_\_\_

Mortgage held by: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Location of mortgage agreement: \_\_\_\_\_



# Other Financial Assets—Part III



## *Financial Assets*

Records of purchase and sale are located: \_\_\_\_\_

Broker name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## *Investment Club Memberships*

Club Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## *Stocks and Bonds*

Stock/Bond Name	Certificate Number	Located



# Other Financial Assets—Part IV

*Other Investments (IRA, CD, mutual funds etc.)*

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

# Other Financial Assets—Part V



## *Income Tax*

Copies of my income tax returns and records are located:

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## *Personal Property*

Personal possessions not located at residence are located:

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And include:

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Jewelry and other valuables are located:

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Automobile(s) *(please list car make, model & year)*

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*Please list all family heirlooms and items of sentimental value below:*

*Article*

*Beneficiary*

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# Miscellaneous

*Personal debts* (please list known debts, whom owed, amount, location)

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## *Certificates*

My birth certificate is located: \_\_\_\_\_

My baptismal certificate is located: \_\_\_\_\_

My military records are located: \_\_\_\_\_

Marriage certificate is located: \_\_\_\_\_

## **Other Information not included elsewhere in this booklet:**

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# Social Security Information



Social Security Number of: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number of: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address of Nearest Social Security Office: \_\_\_\_\_

Phone #: \_\_\_\_\_

A lump sum payment may be made when an eligible person dies. This payment can only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

To facilitate receiving Social Security Benefits, you will need the following when you contact your Social Security Office:

Social Security Number

Marriage License

Children's Birth Certificates

W2 for the previous two years

Proof of widow (er)'s age if 62 years or older

Certified Copy of Death Certificate

An application for the lump sum death payments usually must be made within two years after the worker's death. Don't delay applying because you don't have all the proof of information. The people in the Social Security Office will tell you about other proof of information that can be used when you apply.

It is a good idea to check your record every three years to make sure that earnings are being correctly reported to your record.

***Social Security Administration Toll-Free Phone Number***

1-800-772-1213

[www.ssa.gov](http://www.ssa.gov)



# Medical History

INFORMATION OF \_\_\_\_\_

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an update copy of your medical records for your family, as physicians often ask for it.

I have had treatment for:

- Cancer: \_\_\_\_\_
- Tuberculosis: \_\_\_\_\_
- Kidney Disorder: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Circulatory Problems: \_\_\_\_\_
- Heart: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

I am allergic to the following drugs:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

I have a Living Will:  Yes  No

Location of document: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an Organ Donor:  Yes  No

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Legacy Information



BIOGRAPHICAL SKETCH FOR \_\_\_\_\_

*It is here that you may list achievements and accomplishments that have been of pride to you and your loved ones; and which may be of interest to your children, grandchildren, great-grandchildren, etc. This might also be a place to record special memories.*

Early childhood and upbringing: \_\_\_\_\_

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Adolescent years: \_\_\_\_\_

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Early adulthood: \_\_\_\_\_

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My proudest family moments: \_\_\_\_\_

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My proudest career accomplishments: \_\_\_\_\_

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My proudest civic accomplishments/involvements: \_\_\_\_\_

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Special Achievements/Awards/Offices Held/Additional Points of Interest and Memories: \_\_\_\_\_

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# Christ Episcopal Church



**20 West First Street, Dayton, Ohio 45402**

**Phone: 937.223.2239**

**Rector: The Rev. John Paddock**

Website: [www.christepiscopal.com](http://www.christepiscopal.com) Email: [cecdayton@christepiscopal.com](mailto:cecdayton@christepiscopal.com)

INFORMATION OF: \_\_\_\_\_