



The Episcopal Church of the Epiphany

BURIAL RITE INSTRUCTIONS

Name: _____ Date: _____

The Burial Office in *The Book of Common Prayer* is provided in both traditional and contemporary language. Rite I begins on page 469 and Rite II on page 491. It will be helpful to the clergy to know your preferences. Please use the form below to indicate such.

1. I prefer: Rite I Rite II
2. I wish to have the service: at the church graveside only
3. (Options for Lessons from the Old Testament, New Testament and Gospel are provided in the Prayer Book on pages 470-81 & 495. Also, several Psalms are offered. You may choose up to three Lessons and two Psalms. A Lesson from the Gospel is required if Holy Eucharist is part of the service. Other selections may be substituted if the clergy deem them suitable.) I prefer the following Lessons and Psalms:

1. I prefer: the Burial Office with Holy Eucharist the Burial Office alone.
2. I would like for there to be music at the service and particularly wish to include the following hymns (please indicate the hymn's or first line).

Please note here any other special instructions, wishes, or information which you think Epiphany needs to know about your burial.

There are often costs associated with worship services. It is customary for family members to reimburse the costs of altar flowers, the organist/choirmaster's fee, soloist fees, and the reception cookies and punch, if any of the above are used. The parish choir traditionally sings at the service for choir members. If you desire them to offer music at your service and are not a choir member, a gift to the music fund is appropriate. Please note any special music requests here: _____

It is usually wise to give your family members a copy of this form so that they may be aware of your wishes. Please be sure to return the completed form to the parish office: The Episcopal Church of the Epiphany, 2089 Ponce de Leon Ave., NE, Atlanta, GA 30307.

INFORMATION AT TIME OF DEATH (OPTIONAL)

The following information, well known to me; is recorded for the benefit of others who may need to know it. In case of emergency, it will help them locate essential records and seek advice and assistance for those in whom I have placed my trust and confidence. This form will be kept on file at Epiphany.

Name: _____ SS # _____

Address: _____ Phone: _____

_____ Driver's License # _____

Are you an organ donor? Yes No

Physician: _____ Phone: _____

Durable Power of Attorney for Health Care to:

Name: _____ Phone: _____

Living Will date: _____ Location: _____

Durable Power of Attorney (general) to:

Name: _____ Phone: _____

Next of kin:

Name: _____ Phone: _____

Name: _____ Phone: _____

Living will dated: _____ Location: _____

Last Will & Testament dated: _____ Location: _____

Lawyer: _____ Phone: _____

Executor: _____ Phone: _____

Financial papers location: _____

Safe Deposit Box location: _____

Co-signer on Box: _____ Phone: _____

Funeral Director: _____

Cemetery Plot: _____

Additional Information you wish for us to keep on file: _____
