

ST. ANDREW'S-BY-THE-SEA

FUNERAL INFORMATION FORM

NAME: _____

Address _____

Telephone _____

e-mail _____

NEXT OF KIN: _____

or POWER OF ATTORNEY

Address _____

Telephone _____

e-mail _____

LIVING WILL/DURABLE POWER OF ATTORNEY?

If so, where is it on file? _____

INSTRUCTIONS:

1. Burial Office or Requiem Eucharist? _____

2. Will there be a casket or cremated remains at the church or other location? _____

If so, please indicate which _____

3. Burial site _____

4. Scripture(s) - including Psalms and Readers

Readings

Readers

5. Hymns and other music

6. Ushers, Other Participants

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7. Committal

Place

8. Other requests, instructions
