

# Burial Instruction Form

*If you wish to fill this out with a computer, ask the St. Thomas Church office (saint.thomas.hanover@gmail.com) to email you a Word document. Give copies to loved ones or your attorney as well as to the Church office.*

*NOTE TO FAMILY AND ATTORNEY: At time of death—or before, if possible—please notify St. Thomas Episcopal Church, 9 West Wheelock Street, Hanover, NH 03755, (603) 643-4155.*

## Personal Information

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Full Legal Name

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Maiden Name

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Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: (        ) \_\_\_\_\_ Cell: (        ) \_\_\_\_\_

Home phone: (        ) \_\_\_\_\_

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Date and Place of Birth

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Citizenship (if naturalized give date, place, name of court and certificate number)

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Full name of spouse

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Date and place of marriage

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social security number

\_\_\_\_ Military ID number      \_\_\_\_\_ to \_\_\_\_\_  
Dates of service

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Location of discharge papers

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Civil Service ID number

### **Next of Kin**

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Full name

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Address

Phone: (        ) \_\_\_\_\_

### **Parents**

*If living, give name, address, and phone. Otherwise, just give name.*

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Father's full name

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Mother's full name

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Address of living parents

Phone of living parents: (        ) \_\_\_\_\_

### Children

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**First Child's name** (        ) \_\_\_\_\_  
Phone

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Address

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**Second Child's name** (        ) \_\_\_\_\_  
Phone

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Address

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**Third Child's name** (        ) \_\_\_\_\_  
Phone

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Address

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**Fourth Child's name** ( ) Phone

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Address

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**Child's name** ( ) Phone

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Address

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**Child's name** ( ) Phone

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Address

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**Child's name** ( ) Phone

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Address

## **Funeral Home**

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Name ( ) Phone

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Address

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Location of funeral home paperwork

**Insurance**

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**Company** \_\_\_\_\_ **Policy number** \_\_\_\_\_

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Location of policy \_\_\_\_\_

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**Company** \_\_\_\_\_ **Policy number** \_\_\_\_\_

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Location of policy \_\_\_\_\_

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**Company** \_\_\_\_\_ **Policy number** \_\_\_\_\_

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Location of policy \_\_\_\_\_

**Safe Deposit Boxes**

*Do not keep your will or burial instruction in safe deposit boxes.*

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Location of safe deposit box keys \_\_\_\_\_

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**Box location** \_\_\_\_\_ **Box number** \_\_\_\_\_

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Box location

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Box number

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Box location

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Box number

**Location of Will**

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Copy location

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Copy location

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Copy location

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Copy location

**Financial Information**

*List names, numbers, and location of savings accounts, checking accounts, stocks, bonds, credit unions, real estate titles, business interests, personal property, and the like.*

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**Disposition of Personal Property Not Included in the Will**  
*(Who gets certain jewelry, collections, china, etc.)*

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**Location of other personal information for my survivors**

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**Attorney and Executor**

\_\_\_\_\_  
**Attorney's name** ( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
**Executor's name** ( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Preferences**

**If there is a choice, I prefer to die** (*circle*): At home In the hospital In a hospice

With hospice care at home Other: \_\_\_\_\_

**Burial Information**

Are burial instructions on file at the church? YES NO



Have pre-burial arrangements been made with a funeral home? YES NO

Has the contact information for the funeral home been provided in this form (see above)? YES NO

Has the burial been pre-paid? YES NO

**Disposition of the body** (*circle*): Whole-body burial Direct cremation Traditional cremation

Donation to medical research Donation of organs or tissue

**Cremation** (*check any that apply*):

\_\_\_ As soon as possible (*by law, no sooner than 48 hours after death*)

\_\_\_ Funeral to take place without ashes

\_\_\_ Funeral to take place with ashes present

**Donation to Medical Research** (*if applicable*)

Forms have been filed with: \_\_\_\_\_  
Name and location of medical school or research facility

\_\_\_\_\_  
Medical School (Name, address, and phone of contact at institution)

**Organ or tissue donation**

\_\_\_\_\_  
Organs or parts to be donated

\_\_\_\_\_  
Location of signed uniform donor card

**Cremation**

**Embalming** (*circle if applicable*): Burial with no embalming Full embalming by mortician

**Body is to lie in state in** (*circle*): St. Thomas Church Funeral Home My home None Other:

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Other

**Coffin is to be** (*circle*): Open Closed Open for family and then closed

*Note: All coffins are closed before the funeral service.*

**Has coffin already been purchased or rented?** (*circle*) NO YES (*see below*)

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(Name and contact information of casket provider)

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Location of receipt and other papers for casket

**Coffin construction** (*circle*): Wood Metal Cloth-covered wood Cardboard

**Coffin quality** (*circle*): Top of the line Mid-level Least expensive Rented

**Has vault already been purchased or rented?** (*circle*) No Yes (*see below*)

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(Name and contact information of vault provider)

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Location of receipt and other papers for vault

**Vault Quality** (*circle*): Top of the line   Mid-level   Least expensive   Rented

**Interment** (*include as applicable*):

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Cemetery or columbarium (*name and location*)

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Lot section and number (*if owned*)

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Location for interment of ashes (and location)

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Vault or lot number

**Friends May Visit My Family at:** (*circle*) St. Thomas Church   My home   Funeral home   Other:

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Location, address and contact information for visiting

## **Funeral**

Service to be held at (*circle*): St. Thomas Church   Gravesite   Other church or location

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Name and address of other location

**Suggested pall bearers** (*if applicable*):

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Pall bearer's name and contact information

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Pall bearer's name and contact information

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Pall bearer's name and contact information

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Pall bearer's name and contact information

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Pall bearer's name and contact information

**Music** (*circle*): Hymns Organ music only Other:

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Solos, instruments, choir, etc.

**Burial of the Dead Liturgy** (*circle*): Rite I Rite II

**Eucharist?** (*Circle*): YES NO

**Prelude** (*name and composer*): \_\_\_\_\_

**Opening Anthem** (*circle*): Rite I, page 469 Rite II, pages 491-492

Hymn or Solo : \_\_\_\_\_  
Hymn number or name and composer of piece

**First Reading:**

\_\_\_ Isaiah 25:6-9 (He will swallow up death in victory)

\_\_\_ Isaiah 61:1-3 (To comfort those that mourn)

\_\_\_ Lamentations 3:22-26, 31-33 (The Lord is good unto them that wait for him)

\_\_\_ Job 19:21-27a (I know that my Redeemer liveth)

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Reader's name and contact information

**Psalm** (*circle*): 42 46 90 121 130 139

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Reader's name and contact information

**New Testament:**

\_\_\_ Romans 8:14-19, 34-35, 37-39 (The glory that shall be revealed)

\_\_\_ I Corinthians 15:20-26, 35-38, 42-44, 53-58 (Raised in incorruption)

\_\_\_ II Corinthians 4:16-5: 9 (Things which are unseen)

\_\_\_ I John: 3: 1- 2 (We shall be like him)

\_\_\_ Revelation 7:9-17 (God shall wipe away all tears)

\_\_\_ Revelation 21:2-7 (Behold, I make all things new)

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Reader's name and contact information

**Psalm** (*circle*): 23 27 106 116

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Reader's name and contact information

**Hymn or Solo:** \_\_\_\_\_  
Hymn number or name and composer of piece

**Gospel:**

\_\_\_\_\_ John 5:24-27 (He that believeth hath everlasting life)

\_\_\_\_\_ John 6:37-40 (All that the Father giveth shall 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 mansions)

**Tributes?** (*circle*) YES NO

\_\_\_\_\_  
Tribute speaker's name and contact information

\_\_\_\_\_  
Tribute speaker's name and contact information

**Apostles' Creed?** (*circle*) YES NO

**The Prayers** \_\_\_\_\_  
Leader's name and contact information

**Hymn (number):** \_\_\_\_\_

**The Great Thanksgiving:** (*circle just one*) Rite I: Eucharistic Prayer 1 Rite I: Eucharistic Prayer 2

Rite II: Eucharistic Prayer A Rite II: Eucharistic Prayer B Rite II: Eucharistic Prayer C

Rite II: Eucharistic Prayer D

**Santus:** (*circle each that apply*) Holy, holy, holy Holy, holy holy Lord Spoken Sung

**The Lord's Prayer:** (*circle*) Traditional Contemporary

**Eucharistic Ministers:**

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Eucharistic Minister's name and contact information

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Eucharistic Minister's name and contact information

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**Hymn, psalm or anthem during Communion:** \_\_\_\_\_

**Final Hymn:** \_\_\_\_\_

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

**Reception following the service at the church?** (*circle*) YES NO

**Additional Ceremonies besides the Rites of the Church:**

\_\_\_\_ Fraternal Organization (name, address and telephone number of contact)

\_\_\_\_ Military (name, address, telephone number of contact)

\_\_\_\_ Other

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Name of ceremony; name and contact information

**Obituary Information**

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**Organizations, Associations, or Professional Affiliations**

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Organizations (cont.)

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**Places of Employment**

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Employment (cont.)

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**Awards**

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Accomplishments

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**Passions, Interests****Memorials** *(check one):*

No mention in obituary

Memorial contributions should be made to St. Thomas Episcopal Church, Hanover, NH

Memorial contributions should be made to:

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Charity name and contact information



I authorize the following person or persons to make final decisions about funeral details with the minister who is to officiate. I also authorize this person or persons to make any necessary changes in the other details above, in accordance with their own best judgment, the circumstances which surround my death, and the rubrics and customs of the Church.

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Name and contact information of authorized person

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Names and contact information of additional authorized persons

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Signature

Date

Witnesses

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Signature

Date

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Signature

Date

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Signature

Date

**Copies of these instructions have been given to:**

\_\_\_\_ St. Thomas Church

\_\_\_\_ Spouse, children or siblings

\_\_\_\_ Attorney

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