

∞ *celebration of life* ∞

# FUNERAL PLANNING FORM

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

## Personal Information

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

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

Address \_\_\_\_\_

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

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

*The person named below, who has a copy of this form, is responsible for implementing these funeral plans at the time of my death.*

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

Address \_\_\_\_\_

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

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

*Please ask this person to see that the following people are notified at the time of my death.*

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

### **Disposition of the Body**

I wish to be cremated     I do not wish to be cremated

I have chosen the following funeral home to handle arrangements:

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

Address \_\_\_\_\_

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

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

### **Cremation and Interment**

*\*Indicates a fee is customary for these services.*

I desire that my ashes be interred in the Church of the Ascension Memorial Garden\*

A place has been reserved in the garden     Yes     No

Ashes placed (other location) \_\_\_\_\_

I prefer that my ashes be placed in a columbarium niche.     Columbarium reserved at \_\_\_\_\_

\_\_\_\_\_ *Copy of deed attached.*     Yes     No

I request that a columbarium be purchased at \_\_\_\_\_

## Burial

I own a cemetery lot at \_\_\_\_\_

\_\_\_\_\_ *Copy of deed attached*  Yes  No

I do not own a cemetery lot.

I prefer the following type of casket \_\_\_\_\_

I request that I be buried:  With my rings removed  With my rings on my fingers

With my glasses removed  With my glasses on

Wearing the following clothing \_\_\_\_\_

If there is to be a gravestone/marker, I would prefer \_\_\_\_\_

## Other Arrangements

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## Funeral/Memorial Service \*Indicates a fee is customary for these services.

Visitation prior to the service.  Yes  No  Location \_\_\_\_\_

Location desired for service: \_\_\_\_\_

**Burial/Disposition of Ashes**  Family only  All attendees  Prior to the service  Following the service

**Type of Liturgy:**  Memorial Service with no body or ashes present

**Burial Office with Eucharist:**  Rite I  Rite II  Ashes present  Body present

**Burial Office without Eucharist**  Rite I  Rite II  Ashes present  Body present

**Music:**  None  Organ\*  Instrumentalists\*  Organ\* and hymn singing  Soloist\*

Music selections: \_\_\_\_\_

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## **Scriptures Selected**

*Please see The Book of Common Prayer, pages 470-480 and pages 495-495 for suggestions.*

Old Testament: \_\_\_\_\_ Reader: \_\_\_\_\_

Psalm: \_\_\_\_\_ Reader: \_\_\_\_\_

Epistle: \_\_\_\_\_ Reader: \_\_\_\_\_

Gospel: \_\_\_\_\_

## **Funeral Participants**

Homily: \_\_\_\_\_

\*Vergers: \_\_\_\_\_ \*Acolytes \_\_\_\_\_

Pall Bearers: \_\_\_\_\_

\_\_\_\_\_

Ushers: \_\_\_\_\_

Greeters: \_\_\_\_\_

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

## **Flower Preferences**

Favorite flowers \_\_\_\_\_

*Two vases of flowers, generally provided by the family, are only permitted on the altar if the service is in the church.*

In lieu of flowers, I request that memorial gifts be given to:

Church of Ascension and/or  Other charities whose names and addresses follow.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Reception\***

*\*Indicates a fee is customary for these services.*

Location:  Church Lambert Room\*  Other\_\_\_\_\_

Congregation invited  Yes  No

Coordinator: \_\_\_\_\_

Address\_\_\_\_\_

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

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

**Planned Giving**

*The church's legal name is Church of the Ascension, Inc. The Federal Tax ID Number is: 59-0721414.*

Yes, I have made provisions for the church in my estate planning.  A Letter of Intent is attached.

No, but I would like someone from the church to contact me about the varieties of estate planning.

My **Attorney** is:\_\_\_\_\_

Address\_\_\_\_\_

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

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

The **Personal Representative** (Executor) of my estate is:\_\_\_\_\_

Address\_\_\_\_\_

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

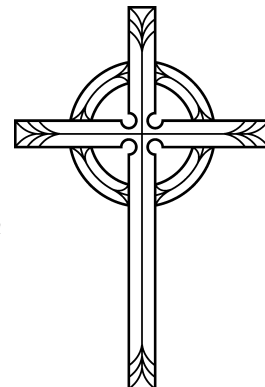
Phone:\_\_\_\_\_ Email:\_\_\_\_\_

## Other Arrangements

A copy of a suggested obituary is attached. Yes No

## Acknowledgement

*I understand that I may change these requests at any time by changing this original and notifying those who have copies. Also, I authorize the person responsible named in this booklet to make any changes as may be necessary at the time of my death.*



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

## Notes

*The Church of the Ascension Legacy Society*  
**PLANNED GIVING LETTER OF INTENT**

**CONFIDENTIAL**

Thank you for remembering your congregation in your will or estate plan. Your generosity will help ensure the future good work of your church. By making this gift, you are also helping to further Property Preservation, Capital Expansion and Ministry Programs in your parish. Please complete this form and return it to the address provided.

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City/State/

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

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

I have made a planned gift to my congregation:

- A Bequest in my will
- Charitable Gift Annuity
- Charitable Remainder Trust
- Life Insurance Policy
- A Retirement Account (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

*To the extent that you feel comfortable informing the church, please indicate your intention as to the distribution of your gift:*

	<i>Percentage</i>	<i>Estimated Amount</i>
<i>Permanent Endowment Fund</i>	_____ %	\$ _____
<i>Permanent Endowment Fund Total Return</i>	_____ %	\$ _____
<i>Unrestricted</i>	_____ %	\$ _____

*Further instructions* \_\_\_\_\_

- Please list me as a member of the Legacy Society as witness to my gift
- I prefer to remain anonymous at this time
- I wish to meet with the Rector or a member of the Planned Giving Committee to discuss ways in which I may make a planned gift.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**

**Please mail to: Maggie Talbot, Stewardship Development  
Church of the Ascension, 701 Orange Ave., Clearwater, FL 33756**