## **FUNERAL DIRECTIONS**

Name:	
Address:	
	Phone number:
Email address:	
	Place of Birth:
Spouse's Name:	Date of Marriage:
Visitation before Service:  Funeral Home  Hours of Visitation	Church None n:
Funeral Director:	Phone number:
Cremation:	_At ServiceNo Casket After Service
Interment (of ashes or casket) Name of Cemetery	Other
Memorial Gifts: Book of Remembrance, T	Frinity ChurchOther
Do you have a will?	Location: our will?
Burial Service Instructions:  Location: Church  Chapel	Funeral HomeOther
Will there be military honors at	

## **Eucharist?**

If the service includes communion, one of the readings must be from the gospel. If the service does not include communion, you may choose one or two readings from any part of the Bible.

	Readers:
Hebrew Scriptures:	
Psalm:	
Christian Scriptures:	
Gospel:	
Hymns: Opening:	
During the Service:	
During the Service:	
Closing:	
Other Musical Requests:	
Participants: Do you wish family members or	friends to participate as:
ushers	
chalice bearers	(must be experienced in Episcopal Church)
bring up gifts	
remembrance  Remembrances: 10 minutes=1 person  or 2.5 minutes=4 people  (Must be typed or written out before)	fore)
Altar Flowers: We recommend Moorestown Flower you may choose any florist for altar flowers. Florist n	* *
Parking: Additional parking is located on Second	Street - Municipal lot behind stores
Program: outside cover: Name date of birth and death date of funeral inside cover: bio and picture (optional)	
Family invites congregation to cemetery for interm	ent? If yes, where?
Family invites congregation to reception? If yes, w	here?