



# CHRIST CHURCH

ST. MICHAEL'S PARISH

FOUNDED 1672

The Minister of the Congregation is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting, if they are able, to leave bequests for religious and charitable uses.

—*The Book of Common Prayer*, p. 445

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*In Time of  
Death*

# Information Packet

For Those Responsible  
For My Affairs  
In the Event of My Death

Name

---

Address

---

---

Date

---

### ***CHRIST CHURCH - St. Michael's Parish***

This form is designed to assist those who wish to leave instructions regarding their own funerals and final arrangements. Please respond as fully as possible. One copy should be placed on file with the parish; one should be given to the individual responsible for coordinating the final arrangements; and you should keep one copy for yourself. Update this information as necessary. A separate sheet for additional information is provide on the last page of this package. Please feel free to discuss any decisions with parish clergy.

### **For Use Immediately Upon Death**

I do ( ) do not ( ) wish to give my eyes or other organs to another person for transplant purposes. \*

I do ( ) do not ( ) wish to give my body for medical research or training.\*

*\*In both cases, authorization must be made in writing. Special forms are available for this purpose from various organizations; please contact your doctor. Attach these forms to this document.*

If donating above, immediately notify:

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*Name of hospital or organ bank*

---

*Address*

---

*Telephone Number*

I do ( ) do not ( ) wish an autopsy to be performed if permission for it is requested.

My choice of funeral director is:

---

*Name of funeral director*

---

*Address*

---

*Telephone Number*

## **Personal Data**

### **Full Name:**

---

*First & Middle Name*

---

*Maiden & Current Last Name*

### **Legal Residence:**

---

*Street Address*

---

*Telephone Number*

---

*City, State & Zip*

---

*Years at this Address*

### **Second Home:**

---

*Street Address*

---

*Telephone Number*

---

*City, State & Zip*

---

*Years at this Address*

**Statistics:**

*Note: Social Security number can be found in the Estate & Financial Packet*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Attorney or Other Representative*

\_\_\_\_\_  
*Place of Birth (City & State)*

\_\_\_\_\_  
*Telephone Number*

**Marital Status:** *(Please circle)*

Single  
Married

Widowed

Separated  
Divorced

**If married, separated or widowed:**

\_\_\_\_\_  
*Name of Spouse (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Date of Marriage*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Place of Marriage (City, State & Zip)*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Burial Site*

**If divorced with ex-spouse still living:**

\_\_\_\_\_  
*Name of Ex-spouse (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Date of Marriage*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Place of Marriage (City, State & Zip)*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Burial Site*

**Your Parents:**

\_\_\_\_\_  
*Father's Name (First, Middle, Last)*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*City, State & Zip*

*Burial Site*

\_\_\_\_\_  
*Mother's Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State & Zip*

**Your Siblings:** *(by birth order)*

\_\_\_\_\_  
*Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Burial Site*

\_\_\_\_\_  
*Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Burial Site*

**Your Children:** *(by birth order)*

\_\_\_\_\_  
*Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Burial Site*

\_\_\_\_\_  
*Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Burial Site*

\_\_\_\_\_  
*Name (First, Middle, Maiden, Last)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*If Deceased, Date of Death*

\_\_\_\_\_  
*Burial Site*

\_\_\_\_\_  
*City, State & Zip*

\_\_\_\_\_  
*Telephone Number*

---

*If Deceased, Date of Death*

---

*City, State & Zip*

---

*Burial Site*

---

*Telephone Number*

---

*Name (First, Middle, Maiden, Last)*

---

*If Deceased, Date of Death*

---

*Street Address*

---

*Burial Site*

---

*City, State & Zip*

---

*Name (First, Middle, Maiden, Last)*

---

*Telephone Number*

---

*Street Address*

---

*If Deceased, Date of Death*

---

*City, State & Zip*

---

*Burial Site*

---

*Telephone Number*

---

*Name (First, Middle, Maiden, Last)*

---

*If Deceased, Date of Death*

---

*Street Address*

---

*Burial Site*

**Military Experience:**

---

*Date and Place of Enlistment*

---

*Outfit and Service Number*

---

*Date and Place of Discharge*

---

*Awards or Commendations*

---

*Rank*

---

*Awards or Commendations*

**Educational Background:**

---

*High School*

---

*College & City, State*

---

*City, State & Year Graduated*

---

*Year Graduated & Degree*

---

*Additional Institutions and Degrees*



**Employment Background:** (Please circle)

Currently employed

Retired

\_\_\_\_\_  
*Current or Last Employer*

\_\_\_\_\_  
*Previous Employer*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Dates of Employment*

\_\_\_\_\_  
*Dates of Employment*

\_\_\_\_\_  
*Position (Title or Occupation)*

\_\_\_\_\_  
*Position (Title or Occupation)*

\_\_\_\_\_  
*Awards or Commendations*

\_\_\_\_\_  
*Awards or Commendations*

\_\_\_\_\_  
*Awards or Commendations*

\_\_\_\_\_  
*Awards or Commendations*

**Clubs; Organizations; Political:**

\_\_\_\_\_  
*Club or Organization*

\_\_\_\_\_  
*Club or Organization*

\_\_\_\_\_  
*Position Held*

\_\_\_\_\_  
*Position Held*

\_\_\_\_\_  
*Honors*

\_\_\_\_\_  
*Honors*

**Activities; Hobbies:**

\_\_\_\_\_  
*Activity or Hobby*

\_\_\_\_\_  
*Activity or Hobby*

\_\_\_\_\_  
*Activity or Hobby*

\_\_\_\_\_  
*Activity or Hobby*

**Religious Background:**

\_\_\_\_\_  
*Date of Baptism*

*Date of Confirmation*

---

*Primary Church Attending*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Denomination*

---

*Committees Served On*

---

*Capacity (Title)*

---



---

*Secondary Church Attending*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Denomination*

---

*Committees Served On*

---

*Capacity (Title)*

---

**Funeral/Burial Arrangements**

**Key People to be Notified:**

---

*Name of Clergy*

---

*Name of Church*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Name of Attorney*

---

*Law Firm*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Name of Accountant*

---

*Accounting Firm*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

---

*Name of Person Responsible for Handling Final Arrangement*

---

*Name of Others to be Notified*

---

*Relationship*

---

*Relationship*

---

*Street Address*

---

*Street Address*

---

*City, State, Zip*

---

*City, State, Zip*

---

*Telephone Number*

---

*Telephone Number*

---

*Name of Others to be Notified*

---

*Relationship*

**Type of Burial:**

Would you like earth burial or cremation? *(Please circle)*

Yes                      No

If cremation, when should this be done? *(Please circle)*

Immediately upon Death                      After the Funeral service                      After Viewing/Visitation

Have pre-paid cremation arrangements been made?

*(Please circle)*

Yes                      No

Do you wish your remains to be scattered?

*(Please circle)*

Yes                      No

If yes, where are the contracts kept?

---

*Where would you like them scattered?*

---

*Location of Pre-paid Creation Contracts*

---

*Who should scatter them?*

**Funeral Home:**

---

*Name of Funeral Home*

---

*Street Address*

---

*City, State, Zip*

---

*Telephone Number*

Have pre-paid funeral arrangements been made?

*(Please circle)*

Yes

No

---

*If yes, where are those contracts, etc. kept*

Do you wish to have a visitation? *(Please circle)*

Yes

No

If yes, should this be for: *(Please circle)*

Family & Friends

Family Only

Should visitation be at: *(Please circle)*

The Funeral Home

At the Church

Both

*(Note: Visitation at the church prior to the funeral service permits time for prayer and meditation, as well as formal vigil prayers led by clergy.)*

During visitation, if there is a casket should it be:

*(Please circle)*

Open

Closed

---

*Special Clothing to be Buried in*

---

*Anything to be Placed in Casket*

---

*Additional Instructions*

### **Cemetery:**

---

*Cemetery Name*

---

*Street Address*

---

*City, State*

---

*Telephone Number*

---

*Cemetery Plot or Columbarium Niche Number*

---

*Where is the deed kept?*

---

*Kind of Grave Marker Desired*

---

*Special Wording*

### **Memorials:**

Would you like memorial donation to be made?

*(Please circle)*

Yes

No

If Yes, should this be in lieu of flowers? *(Please circle)*

Yes, in Lieu of Flowers

No, in Addition to Flowers

---

*Charitable Institution*

---

*Charitable Institution*

**Notification in Newspapers:**

---

*Newspaper*

---

*Newspaper*

---

*City, State*

---

*City, State*

---

*Newspaper*

---

*Newspaper*

---

*City, State*

---

*City, State*

**Church Service:**

*Note: The Church strongly recommends that Christians be buried from the parish church rather than from the funeral home.*

---

*Church Service to be Held*

---

*City, State*

---

*Street Address*

---

*Telephone Number*

---

*Time of Service*

---

*Name of Clergy person to officiant/celebrate service*

**Type of Service:**

What type of burial service would you like? *(Please circle)*  
*(Note: Please review these service in the Book of Common Prayer, pp. 469 and 491)*

The Burial of the Dead: Rite One  
(traditional language)

The Burial of the Dead: Rite Two  
(contemporary language)

Would you like Holy Eucharist? *(Please circle)*  
*(Note: The Book of Common Prayer strongly recommends that the burial of a Christian take place in the context of Holy Eucharist)*

Yes

No

**Scripture Readings:**

---

*Old Testament Reading*

*Psalm or Canticle*

\_\_\_\_\_  
*New Testament Reading*

\_\_\_\_\_  
*Psalm, Hymn or Anthem*

\_\_\_\_\_  
*Gospel Reading*

\_\_\_\_\_  
*Additional readings?*

**Hymns:**

Would you like hymns at the service? *(Please circle)*

Yes

No

\_\_\_\_\_  
*Hymn #*

\_\_\_\_\_  
*Hymn #*

\_\_\_\_\_  
*Hymn #*

\_\_\_\_\_  
*Hymn #*

**Special Request:**

Please list any special requests (special sacred music, individuals to speak, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pallbearers:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Telephone Number*




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*Legal Signature*

---

*Date*





CHRIST CHURCH  
ST. MICHAEL'S PARISH  
FOUNDED 1672

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