

CHURCH OF THE HOLY TRINITY (EPISCOPAL) GEORGETOWN, KY  
PRE-PLANNED FUNERAL INSTRUCTIONS

Full Name \_\_\_\_\_

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

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security \_\_\_\_\_

Father's full name: (Please state if deceased)  
\_\_\_\_\_

Mother's full name: (Please state if deceased)  
\_\_\_\_\_

Resident here since  
\_\_\_\_\_

Your highest level of formal education? \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify if ever in Armed Forces: \_\_\_\_\_

Discharge papers: copies, etc. attached \_\_\_\_\_

**SURVIVORS**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Husband/Wife \_\_\_\_\_ Living/Divorced/Deceased

Sons ( ) and Daughters ( ) with addresses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brothers ( ) and Sisters ( ) with complete addresses, including city and state:

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

Grandchildren ( ) \_\_\_\_\_

Great Grandchildren ( ) \_\_\_\_\_

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

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

**INFORMATION**

My physician is \_\_\_\_\_  
Phone \_\_\_\_\_

My attorney is \_\_\_\_\_  
Phone \_\_\_\_\_

My choice of Funeral Director is \_\_\_\_\_

I desire that my body or ashes be interred in the ground at the following cemetery (name and location):

\_\_\_\_\_  
(Do you need to purchase a space in the Holy Trinity Garden?)

or I wish that my ashes be disposed of in the following way: \_\_\_\_\_

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

I already own a cemetery lot in the above cemetery, which is (give lot number) \_\_\_\_\_.

The deed or other certification to which is located (specific detail) \_\_\_\_\_

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

Please use grave next to: \_\_\_\_\_

Arrangements have already been made that certain parts of my body (eye, kidney or other) be donated to others immediately after my death (specific detail, agency, original signed agreement is located \_\_\_\_\_

\_\_\_\_\_). Please give all the details: \_\_\_\_\_

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

All things being equal, it is my wish that approximately \_\_\_\_\_ (amount of time) elapse between my death and my funeral.

Casket at the Funeral Home: Open \_\_\_\_\_ Closed \_\_\_\_\_

It is my wish that my final service be conducted as follows:

\_\_\_\_\_ 1928 Book of Common Prayer, or \_\_\_\_\_ 1979 Book of Common Prayer  
\_\_\_\_\_ Rite I or \_\_\_\_\_ Rite II

Prayer Book Order for Burial of the Dead with Communion \_\_\_\_\_ or without \_\_\_\_\_.

The service to be held at Holy Trinity or at \_\_\_\_\_.  
(funeral home, cemetery, etc.)

\_\_\_\_\_ Prayer Book Order with burial immediately following in the cemetery indicated.

\_\_\_\_\_ Prayer Book Order burial immediately following, for immediate family only.

\_\_\_\_\_ Memorial Service at Holy Trinity with burial following; the burial in the case of Memorial Service is usually limited to the immediate family. (A Memorial Service is identical with the Prayer Book Orders, except that the body or ashes is not present in the church.)

\_\_\_\_\_ The total service is to be conducted at the graveside.

\_\_\_\_\_ The total service is to be conducted at the graveside with only my immediate family present.

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

Hymns (if any): \_\_\_\_\_  
\_\_\_\_\_

Psalms: \_\_\_\_\_

Bible Readings: \_\_\_\_\_  
Other service information (service music, if you want the celebrant to sing the service, a choir?) \_\_\_\_\_  
\_\_\_\_\_

If the casket is present in the church, it is a closed casket and covered by a pall (as is an urn for cremated remains).

If you are a veteran, however, a flag may be used in lieu of the pall if you indicate a preference here:

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If your body is to be present in church and then carried to a local cemetery for burial, please give the names and phone numbers of at least eight men physically capable of lifting who should be contacted by the funeral director to serve as pallbearers:

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If the Burial Office is to be read at Holy Trinity but your body or ashes are to be buried later in a cemetery outside the immediate area, please give the name and address of the clergy person and/or church which should be contacted in regard to your burial elsewhere: \_\_\_\_\_

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The only flowers that are used at Holy Trinity at the time of a funeral are those on the altar and if you wish, on the table at the rear of the nave. In lieu of flowers both at the church and at your home, please indicate the recipient of memorial contributions (for example, Holy Trinity Building Fund, The American Cancer Society, Hospice of the Bluegrass, the AMEN House of Georgetown, Holy Trinity Outreach Fund, Holy Trinity Endowment Fund, or others): \_\_\_\_\_

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(signed)

(date)