

## BURIAL INSTRUCTION FORM

Please complete this form as it applies to you. You may want to answer all the questions or only a few. The form will assist the Rector and the church staff as they help prepare a memorial service for you. Most of all your responses will help your family as they prepare to honor you. If you can respond with clarity, it will be helpful to your family. Let your family or friends know you have completed this form and go over it with them. Let them know it is on file at home and or in the church office. Update the form as needed. This information is held in confidence when shared with Calvary Church.

### PERSONAL INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### BIRTH

DATE: \_\_\_\_\_ PLACE OF: \_\_\_\_\_

### BAPTISM

DATE: \_\_\_\_\_ PLACE OF: \_\_\_\_\_

### CONFIRMATION

DATE: \_\_\_\_\_ PLACE OF: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

If naturalized, give date, place, name of court, certificate #

\_\_\_\_\_

\_\_\_\_\_

# CALVARY CHURCH BURIAL INSTRUCTION FORM

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

CONTACT INFORMATION FOR LIVING PARENT(S): \_\_\_\_\_

PRESENT STATUS

\_\_\_\_\_MARRIED \_\_\_\_\_PARTNERED \_\_\_\_\_SINGLE \_\_\_\_\_DIVORCED \_\_\_\_\_WIDOWED

## SPOUSE/PARTNER INFORMATION

FULL NAME OF SPOUSE/PARTNER \_\_\_\_\_

DECEASED? YES NO

(CIRCLE ONE)

## BIRTH

DATE: \_\_\_\_\_ PLACE OF: \_\_\_\_\_

## MARRIAGE/COMMITMENT

DATE: \_\_\_\_\_ PLACE OF: \_\_\_\_\_

PROVIDE THE FOLLOWING DATES:

DIVORCE \_\_\_\_\_ WIDOWED \_\_\_\_\_

## CHILDREN - NAMES/CONTACT INFORMATION

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## SIBLINGS - NAMES/CONTACT INFO

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## NAMES/CONTACT INFORMATION OF OTHERS TO NOTIFY UPON MY DEATH

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# CALVARY CHURCH BURIAL INSTRUCTION FORM

## EMPLOYMENT INFORMATION

OCCUPATION OF THE DECEASED: \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MILITARY ID NUMBER \_\_\_\_\_ BRANCH \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_

LOCATION OF DISCHARGE PAPERS \_\_\_\_\_

CIVIL SERVICE NUMBER \_\_\_\_\_

## LEGAL INFORMATION

LAST WILL AND TESTAMENT EXECUTED ON \_\_\_\_\_

LOCATION OF WILL \_\_\_\_\_

LAWYER'S NAME \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

### INSURANCE COMPANY

NAMES/ADDRESS \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

POLICY NUMBERS \_\_\_\_\_

## FINANCIAL

INVESTMENT COUNSELOR OR BANKER'S NAME

\_\_\_\_\_

CONTACT INFO \_\_\_\_\_

ADDITIONAL INFORMATION FOR DISPOSITION OF PERSONAL PROPERTY

(NOT INCLUDED IN WILL) \_\_\_\_\_

SAFE DEPOSIT BOX

LOCATION \_\_\_\_\_ KEYS \_\_\_\_\_ NUMBER \_\_\_\_\_

# CALVARY CHURCH BURIAL INSTRUCTION FORM

LOCATION OF OTHER PERSONAL INFORMATION FOR MY SURVIVORS:

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## GENERAL INFORMATION

IF THERE IS A CHOICE, I WOULD PREFER TO DIE:

\_\_\_\_\_ AT HOME    \_\_\_\_\_ IN THE HOSPITAL    \_\_\_\_\_ IN A HOSPICE

\_\_\_\_\_ WITH HOSPICE CARE AT HOME    \_\_\_\_\_ OTHER

AT THE TIME OF DEATH OR BEFORE IF POSSIBLE, PLEASE NOTIFY THE CALVARY EPISCOPAL CHURCH, 27 CHURCH STREET, STONINGTON, CT 06378, 860-535-1181

## FUNERAL HOME

NAME/LOCATION \_\_\_\_\_

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CONTACT INFORMATION \_\_\_\_\_

HAVE PRE-BURIAL ARRANGEMENTS BEEN MADE? \_\_\_\_\_

HAS YOUR BURIAL BEEN PRE-PAID? \_\_\_\_\_

NEAREST OF KIN \_\_\_\_\_

OTHER PERSONS OR ORGANIZATIONS TO BE CONTACTED AT THE TIME OF DEATH

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## MEMORIALS

MEMORIAL CONTRIBUTIONS SHOULD BE TO? \_\_\_\_\_

MENTION IN OBITUARY/WORSHIP BULLETIN? \_\_\_\_\_

# CALVARY CHURCH BURIAL INSTRUCTION FORM

## BURIAL INFORMATION

DISPOSITION OF THE BODY

\_\_\_\_\_ WHOLE BODY BURIAL?

\_\_\_\_\_ CREMATION?

\_\_\_\_\_ DONATION OF BODY TO MEDICAL RESEARCH  
FORMS HAVE BEEN FILED WITH: \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

DONATION IMMEDIATELY FOLLOWING DEATH \_\_\_\_\_

DONATION AFTER FUNERAL SERVICE \_\_\_\_\_

(CIRCLE ONE)

ORGAN OR TISSUE DONATION: YES NO

AUTOPSY: YES NO

WHOLE BODY BURIAL: YES NO

EMBALMING: YES NO

BODY IS TO LIE IN STATE \_\_\_\_\_

COFFIN IS TO BE

\_\_\_\_\_ OPEN \_\_\_\_\_ CLOSED \_\_\_\_\_ OPEN FOR FAMILY AND THEN CLOSED

NOTE ALL COFFINS ARE CLOSED AND COVERED WITH A PALL OR FLAG BEFORE THEY ARE  
BROUGHT INTO THE WORSHIP SPACE FOR THE FUNERAL

## COFFIN SPECIFICATIONS

\_\_\_\_\_ LEAST EXPENSIVE

\_\_\_\_\_ MIDRANGE COST

\_\_\_\_\_ MOST EXPENSIVE

\_\_\_\_\_ COFFIN HAS ALREADY BEEN PURCHASED

THROUGH \_\_\_\_\_

\_\_\_\_\_ LOCATION OF PAPERWORK \_\_\_\_\_

## VAULT/LINER SPECIFICATIONS

\_\_\_\_\_ LEAST EXPENSIVE

\_\_\_\_\_ MIDRANGE COST

\_\_\_\_\_ MOST EXPENSIVE

\_\_\_\_\_ VAULT HAS ALREADY BEEN PURCHASED

THROUGH \_\_\_\_\_

# CALVARY CHURCH BURIAL INSTRUCTION FORM

## CREMATION

- IMMEDIATE UPON DEATH  
 FUNERAL TO TAKE PLACE WITH ASHES  
 FUNERAL TO TAKE PLACE WHEN ASHES ARE RETURNED

## INTERMENT

BODY TO BE INTERRED AT \_\_\_\_\_

I OWN A LOT \_\_\_\_\_

ASHES TO BE INTERRED AT MEMORIAL GARDEN AT CALVARY CHURCH

ASHES TO BE INTERRED AT \_\_\_\_\_

## VISITATION

FRIENDS MAY VISIT MY FAMILY

- AT CALVARY  
 AT HOME  
 AT FUNERAL HOME

## ADDITIONAL CEREMONIES BESIDES THE RITES OF THE CHURCH

- FRATERNAL ORGANIZATION  
 MILITARY  
 OTHER

