

Letter of Last Instructions

Final direction and instructions upon the death of:

.....
(Full Name) (Date)

File this information where it will be found easily upon your death. Please file it with the church, with your attorney, and notify your heirs that this form has been completed for their information.

.....
(Full Name) (Spouse's Full Name)

.....
(Street Address, with Apartment #) (Street Address, with Apartment #)

.....
(City/State/Zip Code) (City/State/Zip Code)

.....
(Date of Birth) (Date of Birth)

.....
(Place of Birth) (Place of Birth)

.....
(Date of Baptism) (Date of Baptism)

.....
(Father's Full Name, Date & Place of Birth & whether living)

.....
(Mother's Full Name including maiden name, Date & Place of Birth & whether living)

.....
(Occupation, Employer and Social Security Number)

.....
(Date & Location of last executed Will or Living Trust)

.....
(Personal Representative's name and address)

My Burial Instructions

.....
(Full name – please print)

The Episcopal tradition is that church members are normally buried by the church. The Book of Common Prayer indicates the body is present, although a memorial service without a body may be held. The coffin is closed and is always covered by a pall, which the church will provide.

1. I request that my service be conducted at
(Name, City and State of Church)

..... or at
The Rector or clergy of said congregation shall be in charge of the service.

2. Vigil or reviewal plans:

3. **The Burial of the Dead** (the funeral service) is a series of psalms, lessons, prayers. Holy Communion with special propers (i.e., Collect, Epistle, and Gospel) is best to be included.

I request (check one):

◇ The Burial of the Dead with Holy Communion (body or urn present)
..... Rite I (Book of Common Prayer, page 469, Eucharist on page 323)
..... Rite II (Book of Common Prayer, page 491, Eucharist on page 355)

◇ The Burial of the Dead (body or urn present)
..... Rite I (Book of Common Prayer, page 469)
..... Rite II (Book of Common Prayer, page 491)

◇ A Memorial Service (body or urn not present)

4. **Other arrangements as follows** (with contact information):

.....
(Altar Flowers)

.....
(Musicians)

.....
(Ushers)

.....
(Pall bearers)

.....
(Readers, speakers)

5. I request that the following Scriptures be read:

• **Old Testament (choose one):**

- ◇ Isaiah 25:6-9 (*He will swallow up death for ever*)
- ◇ Isaiah 61: 1-3 (*To comfort those who mourn*)
- ◇ Lamentations 3:22-26, 31-33 (*The Lord is good to those who wait for him*)
- ◇ Wisdom 3: 1-5, 9 (*The souls of the righteous are in the hands of God*)
- ◇ Job 19: 21-27a (*I know that my Redeemer lives*)
- ◇

• **Psalms (choose one):** ◇ 42; ◇ 46; ◇ 90; ◇ 121; ◇ 130; ◇ 139; ◇

• **New Testament (choose one):**

- ◇ Romans 8: 14-19, 34-35, 37-39 (*The glory that shall be revealed*)
- ◇ 1 Corinthians 15: 20-26, 35-38, 42-44, 53-58 (*The imperishable body*)
- ◇ 2 Corinthians 4: 16 – 5:9 (*Things that are unseen are eternal*)
- ◇ 1 John 3: 1-2 (*We shall be like him*)
- ◇ Revelation 7: 9-17 (*God will wipe away every tear*)
- ◇ Revelation 21: 2-7 (*Behold, I make all things new*)
- ◇

• **Psalms (choose one):** ◇ 23; ◇ 27; ◇ 106; ◇ 116; ◇

• **Gospel (must be included if Holy Communion is celebrated, choose one):**

- ◇ John 5: 24-27 (*He who believes has everlasting life*)
- ◇ John 6: 37-40 (*All that the Father gives me will come to me*)
- ◇ John 10: 11-16 (*I am the good shepherd*)
- ◇ John 11: 21-27 (*I am the resurrection and the life*)
- ◇ John 14: 1-6 (*In my Father's house are many rooms*)
- ◇

6. I request that the following hymns be sung:

.....

.....

.....

.....

Music should be confident and strong, expressing the hope and faith that Christians affirm in the presence of death. The congregation should participate fully by praying, singing the hymns, and joining the responses. You may contact Messiah's Music Minister for suggestions.

7. Reception plans:

.....

8. I prefer to be (choose one):

- ◇ Buried in a coffin
- ◇ Cremated: Before Funeral; After Funeral
- ◇ Have my entire body or certain organs donated:
..... Arrangements made; Please make arrangements

Place of interment

Full address

Location of deeds or contracts

9. I prefer the following funeral home:
O(My family or attorney may make this decision.)

- ◇ I do; ◇ I do not wish to have my coffin open at the funeral home.

10. I prefer memorials to go to:

.....

.....

(Include name, address and contact info)

11. Other information for my survivors:

.....

.....

.....

.....

.....

Signature Date

Be sure to keep a copy of your completed form for your own records.

Names and Contact Information of living brothers and sisters:

(Full Name) (Street Address with Apartment #) (City/State/Zip Code) (Phone Number)

[illegible]

Names, address, and phone numbers of persons to notify upon my death: (*attach extra pages if necessary*):

(Full Name) (Street Address with Apartment #) (City/State/Zip Code) (Phone Number)

[illegible]

Locations and information about the following:

Life, Health, Property, Burial Insurance Policies:

Pension, Retirement Plans and Annuity Papers:

Income Tax Returns and Supporting Records:

All Bank Accounts:

Safety Deposit Box and Key & List of Contents:

Records of Any Liquid Assets:

List of Personal and Real Property:

List of Distribution Plans for Property:

Birth, Baptism, and Marriage Certificates:.....

Social Security Card and Records:

Military Service Records:

Citizenship Records or other important papers:

List of all credit cards with account numbers & phone numbers of companies:

Location of membership in organizations that might provide death or cemetery benefits:.....

.....

Directions concerning your business: