

St. Andrew's Episcopal Church
217 W. 26th Street
Bryan, Texas 77806

Funeral Arrangements

Full Name: _____

Date: _____

For my funeral, I would prefer the following arrangements: *(Indicate with an X)*

Funeral Time: Morning _____ Afternoon _____ Evening _____ Saturday Daytime _____

A. The Burial of the Dead, Rite I _____: *Indicate with an X*

Holy Eucharist: Yes _____ No _____

Sung: Yes _____ No _____

B. The Burial of the Dead, Rite II _____: *Indicate with an X*

The Holy Eucharist: Yes _____ No _____

Sung: Yes _____ No _____

It is customary for the Rector to conduct the funerals of parishioners. In addition to the Rector, I would like the following priest(s) to participate in the services:

Indicate with an X:

I Would _____ Would Not _____ like a choir.

I Would _____ Would Not _____ like a soloist to sing.

Processional: First _____ Second _____ set of Anthems

Opening Hymn Number _____ or Psalm Number _____.

Collect(s): Identified by the opening words (BCP p. 470 or p. 493):

Lessons: Old Testament _____

Psalm Number _____ Canticle Number _____ Hymn Number _____

Reader _____

Note: You may designate a reader, or leave it to the family or clergy to choose a reader.

(Please refer to page 2 for more information)

Funeral Arrangements Continued...

Epistle _____

Psalm Number _____ Canticle Number _____ Hymn Number _____

Epistle Reader: _____

Gospel: _____

Homilist: _____ Phone _____

Prayers of the People: Page 465 _____; Page 480 _____; Page 497 _____

Offertory Anthem: (Yes or No) _____ Hymn Number _____

Note: You may select the anthem AND identify it below, or the family or organist may select the anthem.

Anthem: _____

Eucharistic Prayer: Page 333 _____ Page 340 _____ Page 361 _____
Page 367 _____ Page 369 _____ Page 372 _____

Hymn(s) during Communion: _____

Procession Out: _____

Anthems: Page 483 _____ Page 500 _____ Canticle Number _____

At the Grave: First _____ Second _____ Set of Anthems _____

Additional Prayers: ***(Identified by Opening Words)***

These instructions pertain to the Funeral Service itself. If you have additional preferences or instructions, please note them on Page 3.

Additional Instructions

Name of Funeral Home: _____

Address of Funeral Home: _____

Telephone of Funeral Home: _____

Visitation Instructions: _____

Names of Ushers and/or Pall Bearers: _____

Place of Burial: _____

Location: _____

Cremation Instructions: _____

Instructions for donation of organs: _____

A copy of my will is located: _____

Executor of my will is: _____

Address: _____

Telephone: _____

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A copy of these instructions should be given to the Rector and the duplicate copy kept in an appropriate place at home. These instructions may be changed at any time.