

St. James Parish

25 S. Third Street
Wilmington, NC 28403

Name : _____

Address: _____ Telephone: _____

End of Life Information:

I would like to be an organ donor _____. I carry information indicating my desire to donate my body organs for transplant _____ or donate my body to research science _____.

I have a Living Will _____ stating my wishes for a natural death.

I have a Health Care Directive _____ which designates the following person to exercise Power of Attorney for me regarding medical issues should I not be able to do so for myself: _____.

I have a Personal WILL _____. My WILL is located at _____.

Funeral Arrangements:

I have asked the following person to be responsible for carrying out arrangements upon my death:

Address: _____

Telephone Business: _____ Home: _____

The following relatives, who live elsewhere, should be notified:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____

I wish to use the following MORTUARY: _____

Address: _____ - Phone: _____

I made specific arrangements with them. Yes ___ No ___ I plan to do so _____.

I prefer _____ CREMATION _____ BURIAL

CREMATION:

Urn: ___ Yes ___ No (Urn is not used for St. Francis Garden)

Ashes at the Funeral: ___ Yes ___ No

Ashes to be interred at the following location: _____

BURIAL:

Visitation: ___ Funeral Home ___ Church ___ None

Casket at Visitation: ___ Open ___ Closed

(Casket is always closed at the funeral)

Body to be interred at the following location: _____

BODY or ASHES to be interred:

___ Immediately after the service

___ At another time

___ Private ___ Public

___ St. Francis Garden at St. James Parish

In lieu of flowers, I wish people to make MEMORIAL CONTRIBUTIONS to the following:

Signed: _____ Date: _____

Priest: _____

FUNERAL SERVICE

I have looked at the Burial Office in the Book of Common Prayer, page 469, and have made the following decisions about my funeral service:

Service:

- Church
- Funeral Home
- Graveside

- Liturgy preferred for service:
- Burial Office and Eucharist
 - Burial Office only
 - Rite I
 - Rite II

Scriptures to be read: *(Please see next page for suggestions)*

Old Testament:

Psalm(s):

Epistle:

Gospel:

Homily:

Yes No Person other than local clergy.

Music:

Yes No

Hymns I would like played or sung: *(Please see next page for suggestions)*

Other requests or comments:

I have discussed my desires with my family Yes No

Signed: _____ Date: _____

Hymns

- 8 Morning has broken
24 The day thou gavest

Easter Hymns

- 174 - 213
293 I sing a song of the Saints of God
376 Joyful, joyful we adore thee
473 Lift high the cross
490 I want to walk as a child of the light
562 Onward Christian soldiers
608 (alt 579) Eternal father, strong to save
620 Jerusalem, my happy home
645 The king of love my shepherd is
671 Amazing Grace!
680 O God, our help in ages past
688 A mighty fortress
691 My faith looks up to thee

National Hymns

716 - 720

Non-hymnal Hymns

How Great Thou Art
What A Friend We Have in Jesus
The Battle Hymn of the Republic