

Funeral Plans On File At

Holy Cross Episcopal Church, Wilmington, NC

For: _____

Address: _____

The Person Responsible For Arrangements upon my death, who has consented to do so, is:

Name: _____

Address: _____

Telephone: Home: _____ **Cell:** _____

Funeral Home Preferred: _____

Address: _____

Phone Number: _____

Have specific arrangements been made with them? () Yes () No

Relatives & Others To Be Notified As Soon As Possible:

Name	Address/ Relationship
_____	_____
_____	_____
_____	_____

My Will is located at: _____

Access to it is through:

Name: _____

Address: _____

Medical Request: I have indicated my desire to donate, upon my death,

() Organs (specify) _____

() Body to _____

I Prefer: () Cremation () Burial

Expenses: Limit to () Minimum () Average () Immaterial

Funeral Services: () Holy Cross () Other

My interment will be in _____

My cemetery lot in the name of _____

Services Desired:

Burial Rite 1 with Eucharist () Burial Rite 2 with Eucharist ()

Burial Rite 1 () Burial Rite 2 ()

Celebrant: _____

Hymns: _____

Psalms: _____

Lessons: _____

In Lieu of Flowers, Memorial Contributions May Be Made To:

(Signed) _____

(Date) _____