

Final Arrangements

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A Letter Regarding My Final Arrangements

To: Whoever Takes the Responsibility for My Final Arrangements

I have given thought to my personal wishes about my final arrangements with the hope that by making these wishes known, it will minimize the emotional strain on my survivors.

While I feel my loved ones would appreciate knowing my wishes to help them make decisions, I do not want to impose anything on them. Therefore, unless I have made special mention, I encourage them to ensure my funeral and other arrangements are done in a way that is meaningful to them.

Although these wishes may not be legally binding, I trust they will help my survivors avoid confusion, extra expense, or at the least any self-reproach, that might arise because of doubts, omissions, or commissions.

I also have assembled much of the financial and other information that will be needed at the time of my death. I hope this will lighten the task at this emotional and difficult time.

Thank you to all on whom the responsibility of making these arrangements has fallen.

Signature _____

Date _____

Your name _____

Your address _____

_____ PC _____

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The Funeral Liturgy

"The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection. Because Jesus was raised from the dead, we too, shall be raised. The Liturgy, therefore, is characterized by joy, in the certainty that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in creation, will be able to separate us from the love of God in Christ Jesus our Lord.

This joy, however does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord, we sorrow in sympathy with those who mourn."

—*The Book of Common Prayer, Episcopal Church*

"The family and friends of the deceased person are encouraged to consult as early as possible with the priest or other person responsible in their parish, as well as with the undertaker who may be involved, to plan the various events which will constitute the funeral."

— *The Book of Alternative Services, Page 568*

My wishes on My Funeral Liturgy

It is strongly recommended that you complete the following in consultation with your parish priest, referring to the information about funerals found on pages 21 to 28. Once completed, you should provide a copy of these instructions for your family and for the church.

Circumstances permitting, I wish my Burial Service to take place at:

City _____

Province _____ Postal Code _____

I wish my service to reflect my life, faith, and love.

The service shall be "The Funeral Liturgy" from:

The Book of Alternative Services. Form I Form II

or

The Book of Common Prayer. The Order for the Burial of the Dead.

I request the Funeral Liturgy only to be read

I request the Funeral Liturgy and Celebration of Eucharist be done

I request a Graveside Committal: YES NO

If possible, I would like to have the following Psalm(s) and Lessons:

For suggestions, see *The Book of Alternative Services*, pages 604-605.

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Hymns

I would especially like the following hymns:

1. _____
2. _____
3. _____
4. _____

Suggested Pallbearers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Memorials

In lieu of flowers, I prefer donations to be made to:

1. _____
2. _____
3. _____

Disposition of My Remains

I prefer to be: Buried

Cremated (before the funeral after the funeral)

Disposal of Ashes: _____

Location of cemetery lot deed, crypt deed, columbarium contract:

Memorials:

You may prefer to make a more lasting memorial by directing donations to a charity of choice in lieu of flowers. Most parishes welcome such donations. Memorial gifts may also be made to the Diocesan Leap For Faith Endowment Fund or the Growth For Ministry Fund. Indicate where you would like to have such contributions directed.

Disposal of Ashes

Name a favourite place where you may wish your ashes spread. The location may or may not be permissible under provincial law but it is always helpful for your executors to know your wishes.

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I have made arrangements to have certain parts or all of my body donated to:

Repatriation: If I die outside Canada, repatriate my remains:

YES NO at my family's discretion

Funeral Home

Preferred Funeral Home: _____

I have made arrangements I have pre-paid for my funeral

Casket: Least expensive Mid-range Elaborate Rental

URN specifications: _____

Viewing

I wish to have visitation at the Funeral Home/Church prior to my funeral service.

YES NO

I wish to have my casket open at the Funeral Home/Church prior to funeral service.

YES NO (open for family members only)

My jewellery should be: left on removed

Glasses: left on removed

Burial Dress: _____

Monument

Stone Plaque

Inscription: _____

Other information for my survivors: _____

Signature _____

Date _____



For My Family and Friends

Final Directions and Instructions upon the Death of:

Full Name: _____

Address: _____

_____ Postal Code _____

Birth Date: _____

Place of Birth: _____

Baptism Date: _____

Spouse/Partner's Name : _____

Address: _____

Birth Date: _____

Place of Birth: _____

Date of death (if applicable): _____

File this information in a secure place, but also one where it will be found easily upon your death. It is suggested that you also file this with your lawyer, and notify your heirs that the form has been completed, for their information.

My Church Affiliation: _____

Name and Address of Home Church:

_____ Postal Code _____

Parents

Father's Full Name: _____

Birth Date/Place: _____

Living? YES NO

Mother's Full Name: _____

Birth Date/Place: _____

Living? YES NO

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Contact Information for Family

Names, addresses, and phone numbers of living parents, brothers and sisters:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Names, addresses, and phone numbers of living children:

1. _____
2. _____
3. _____
4. _____
5. _____

Addresses

We recommend keeping an up-to-date address and telephone book.

This can be a big help in notifying others in times of emergency.

Location of Address Book _____

Names, addresses, and phone numbers of other persons to notify upon my death:

1. _____
2. _____
3. _____
4. _____
5. _____

Emergency Care

The following nearby person(s) has agreed to temporarily care for:

My Family: _____

Phone: _____

My Pets: _____

Phone: _____

Employer (Name & Address):

_____ Postal Code _____

Social Insurance Number: _____

Provincial Health Card Number: _____

Canadian Forces Service:

NO YES (Entitled to Veterans' Benefits: YES NO)

Service Branch Contact: _____

Phone: _____

Lawyer's name and address:

Last Will Executed on: _____ (date)

Will is located at _____

Executor(s) (Names and Addresses):

1. _____
2. _____

Powers of Attorney for Property & for Personal Care (Name/address):

1. _____
2. _____

**Bank Accounts/Savings Institution Accounts/
Other Income-Producing Accounts:**

Name of Institution	Type	Account Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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Joint Accounts:

Name of Institution	Type	Account Number
1. _____		
2. _____		
3. _____		
4. _____		

Safe Deposit Box Number & Location: _____

Location of Safe Deposit Box Key: _____

Other Key Holders: _____

Key Advisors (Names/Address or phone)

Clergy: _____

Accountant: _____

Financial/Investment/Estate Advisor: _____

Insurance broker: _____

Life Insurance

Life Insurance Co.	Amount	Certificate #	Beneficiary
1. _____			
2. _____			
3. _____			

RRSP's, RRIF's, Pensions

Company	Account #	Beneficiary
1. _____		
2. _____		
3. _____		



Credit and Charge Accounts

Company	Account #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Organizations and Affiliations

Organizations/ Associations/Societies/Unions/Lodges/Professional Associations, etc.
(include office or position, past/present and check if organization is to be notified).

Organization	Notify: Yes / No
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Personal Effects

Below is a list of personal effects (e.g. clothes, jewellery, paintings, etc.) and my wishes on how I would like them distributed, unless otherwise specified in my Will.
(Note: This list expresses my preferences, but is not a Will and has no legal standing.)

An additional page of Personal Effects is attached: YES NO

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Important Papers

To help avoid undue frustration in finding items needed in establishing rights to insurance, pensions, ownership, relationship, etc., note the location of these and any other important documents.

Important Papers

The following documents can be found at the locations indicated below:

H=Home (location described)

O=Office (location described)

D=Safe Deposit Box (bank location)

P=other person or place (name)

L=Lawyer (name)

___ Marriage License

___ Survivor's Pension Information

___ Citizenship papers /passport

___ Stocks

___ Bill of Sale for car/title, reg.

___ Will

___ Bank books /Interac Card(s)

___ Insurance Policies

___ Deeds to property

___ Representation Agreement

___ Income tax returns

___ Power of Attorney

___ Receipts/cancelled cheques

___ Automobile Information

___ Military Discharge Papers

___ passwords for computer and/or banking cards

___ Legal proof of age/birth certificate

Miscellaneous

Thoughts, Notes, Reflections or Instructions
