

∞ *celebration of life* ∞

FUNERAL PLANNING FORM

Date: _____

Personal Information

Name: _____

Date of Birth: _____ Date of death: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

The person named below, who has a copy of this form, is responsible for implementing these funeral plans at the time of my death.

Name: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Please ask this person to see that the following people are notified at the time of my death.

Name: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Name: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Name: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Disposition of the Body

I wish to be cremated I do not wish to be cremated

I have chosen the following funeral home to handle arrangements:

Name: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Cremation and Interment

**Indicates a fee is customary for these services.*

I desire that my ashes be interred in the Church of the Ascension Memorial Garden*

A place has been reserved in the garden Yes No

Ashes placed (other location) _____

I prefer that my ashes be placed in a columbarium niche. Columbarium reserved at _____

_____ *Copy of deed attached.* Yes No

I request that a columbarium be purchased at _____

Burial

I own a cemetery lot at _____

_____ Copy of deed attached Yes No

I do not own a cemetery lot.

I prefer the following type of casket _____

I request that I be buried: With my rings removed With my rings on my fingers

With my glasses removed With my glasses on

Wearing the following clothing _____

If there is to be a gravestone/marker, I would prefer _____

Other Arrangements

Funeral/Memorial Service *Indicates a fee is customary for these services.

Visitation prior to the service. Yes No Location _____

Location desired for service: _____

Burial/Disposition of Ashes Family only All attendees Prior to the service Following the service

Type of Liturgy: Memorial Service with no body or ashes present

Burial Office with Eucharist: Rite I Rite II Ashes present Body present

Burial Office without Eucharist Rite I Rite II Ashes present Body present

Music: None Organ* Instrumentalists* Organ* and hymn singing Soloist*

Music selections: _____

Scriptures Selected

Please see The Book of Common Prayer, pages 470-480 and pages 495-495 for suggestions.

Old Testament: _____ Reader: _____

Psalm: _____ Reader: _____

Epistle: _____ Reader: _____

Gospel: _____

Funeral Participants

Homily: _____

*Vergers: _____ *Acolytes _____

Pall Bearers: _____

Ushers: _____

Greeters: _____

*Sexton: _____

Flower Preferences

Favorite flowers _____

Two vases of flowers, generally provided by the family, are only permitted on the altar if the service is in the church.

In lieu of flowers, I request that memorial gifts be given to:

Church of Ascension and/or Other charities whose names and addresses follow.

1. _____

2. _____

3. _____

Reception*

**Indicates a fee is customary for these services.*

Location: Church Lambert Room* Other_____

Congregation invited Yes No

Coordinator: _____

Address_____

City_____ State_____ Zip_____

Phone:_____ Email:_____

Planned Giving

The church's legal name is Church of the Ascension, Inc. The Federal Tax ID Number is: 59-0721414.

Yes, I have made provisions for the church in my estate planning. A Letter of Intent is attached.

No, but I would like someone from the church to contact me about the varieties of estate planning.

My **Attorney** is:_____

Address_____

City_____ State_____ Zip_____

Phone:_____ Email:_____

The **Personal Representative** (Executor) of my estate is:_____

Address_____

City_____ State_____ Zip_____

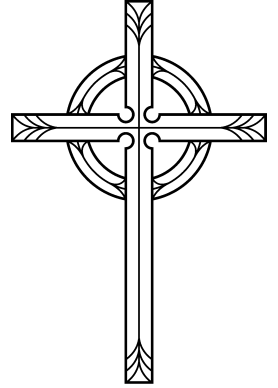
Phone:_____ Email:_____

Other Arrangements

A copy of a suggested obituary is attached. Yes No

Acknowledgement

I understand that I may change these requests at any time by changing this original and notifying those who have copies. Also, I authorize the person responsible named in this booklet to make any changes as may be necessary at the time of my death.



Signed: _____ Date: _____

Notes

The Church of the Ascension Legacy Society
PLANNED GIVING LETTER OF INTENT

CONFIDENTIAL

Thank you for remembering your congregation in your will or estate plan. Your generosity will help ensure the future good work of your church. By making this gift, you are also helping to further Property Preservation, Capital Expansion and Ministry Programs in your parish. Please complete this form and return it to the address provided.

Name(s): _____

Street: _____

City/State/

Zip: _____

Telephone: _____ Email: _____

I have made a planned gift to my congregation:

- A Bequest in my will
- Charitable Gift Annuity
- Charitable Remainder Trust
- Life Insurance Policy
- A Retirement Account (please specify): _____
- Other (please specify): _____

To the extent that you feel comfortable informing the church, please indicate your intention as to the distribution of your gift:

	<i>Percentage</i>	<i>Estimated Amount</i>
<i>Permanent Endowment Fund</i>	_____ %	\$ _____
<i>Permanent Endowment Fund Total Return</i>	_____ %	\$ _____
<i>Unrestricted</i>	_____ %	\$ _____
<i>Further instructions</i> _____		

- Please list me as a member of the Legacy Society as witness to my gift
- I prefer to remain anonymous at this time
- I wish to meet with the Rector or a member of the Planned Giving Committee to discuss ways in which I may make a planned gift.

Signature(s): _____ Date: _____

THANK YOU!

**Please mail to: Maggie Talbot, Stewardship Development
Church of the Ascension, 701 Orange Ave., Clearwater, FL 33756**