

St. Timothy's Episcopal Church
2601 E. Thompson Road
Indianapolis, Indiana 46227
(317) 784-6925

These instructions may be sent to the church office to be filed and kept away until the event of your death.

Funeral & Burial Instructions for:

A. DISPOSITION OF REMAINS:

1. Name or Mortician preferred: _____
2. ___Wish casket to be open in mortuary. (Note: casket is always closed and covered with a pall during the services at the church.
3. ___Wish immediate cremation, followed by a memorial service.
4. ___Wish casket to be closed and covered with a pall at all times, with the following exceptions, if any:
 5. Wish remains to be
 ___ interred:
 ___ cremated.
6. Wish remains to be placed
 ___ above ground,
 ___ underground.
7. Desire (wooded) (metal) casket. (Note: In cremation, heavy metal caskets are normally discarded.)
8. Name of cemetery _____
and city _____ where remains are to be placed.
9. Other provisions (e.g., corneas or body consigned by agreement to medical school.)

B. THE BURIAL SERVICE:

1. ___ Prefer a memorial service (remains not present.)
2. ___ Prefer customary Burial Office (remains present in closed casket.) Details on next page.
3. ___ Would like Holy Communion
 ___ in connection with Burial Office or
 ___ at a separate time.
4. ___ Wish altar flowers only in church
 preferred variety _____
5. ___ In lieu of flowers from friends, I prefer that memorial gifts be made to:
 ___ the church
 or
 ___ charitable causes, as specified: _____
6. ___ Service music:
 - a) Organ Organist fee is \$100
 - b) Hymns, if any: _____

 - c) ___ prefer no music

C. MISCELLANEOUS INFORMATION:

1. Date of Birth: _____ Place of Birth: _____
2. Next of kin:
 Name: _____
 Address: _____
 Phone: _____
3. Available death benefits:
 ___ Veterans, ___ FIAC, ___ Insurance, ___ Fraternal,
 ___ Other, Specify: _____
4. Other information of comments:
 Date of these instructions: _____
 Signature: _____