

Section 1: Personal Information

Full legal name \_\_\_\_\_

Maiden name \_\_\_\_\_

Street address \_\_\_\_\_

City and State \_\_\_\_\_

Telephone \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

If naturalized, date, place, name of court, certificate number \_\_\_\_\_

Full name of spouse \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

Address of parents (if living) \_\_\_\_\_

Names, addresses, and phone numbers of children (if deceased, name only) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names, addresses, and phone numbers of sisters and brothers (if deceased, name only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social security number \_\_\_\_\_

Military ID number \_\_\_\_\_

Dates of service \_\_\_\_\_

Discharge papers are in \_\_\_\_\_

Civil service number \_\_\_\_\_

Insurance policies (name of company, address, policy number and location of policy)

\_\_\_\_\_

\_\_\_\_\_

Safety deposit box(es) – location, box number, and key location \_\_\_\_\_

Other financial information (such as account numbers and locations of savings accounts, checking accounts, stocks, bonds, credit union, personal property, real estate titles, business interests, other investment information)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copies of my will may be found at \_\_\_\_\_

Other personal information

\_\_\_\_\_

\_\_\_\_\_

Any additional information for family disposition of personal property not included in will (such as who gets which necklace or a favorite furnishing, china, etc.) \_\_\_\_\_

\_\_\_\_\_

Other information about my affairs for my survivors may be found in \_\_\_\_\_

**Section 2: General burial information**

If there is a choice, I would like to die:

at home                     in the hospital                     in a hospice                     other (specify)

At the time of death or before (if possible), please notify the Church of the Redeemer, 2944 Erie Avenue, Cincinnati, Ohio, 45208  
Phone:513-321-6700 Fax:513-533-5989 www.redeemer-cincy.org                    Are burial instructions on file there?  yes  no

Funeral home to be contacted \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Have pre-burial arrangements been made there?

Has your burial been prepaid?

Nearest of kin – name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Other persons to be contacted at the time of death (in addition to those listed in section 1)

\_\_\_\_\_  
\_\_\_\_\_

Information to be listed in obituary (organizations, associations, places of employment, awards, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Memorials:  no mention in obituary                     in lieu of flowers, memorials should be made to

Other persons and organizations to be notified of my death (alumni associations, etc. )

\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Specific burial information**

1. Disposition of the body

A. Donation to medical research     B. Donation of body parts     C. Whole body burial     D. Cremation

A. Donation to medical research (if applicable)

Forms have been filed with the medical school at \_\_\_\_\_

Contact person or office \_\_\_\_\_

Donation to be made immediately upon death

Donation after funeral service (See C 2-6 below)

B. Donation of body parts (if applicable)

Parts to be donated \_\_\_\_\_

Signed "uniform donor card" can be found \_\_\_\_\_

C. Whole body burial (if applicable)

1. Autopsy

- None, unless vital to medical research or required by law
- If it is helpful to survivors or medical research
- Decision to be made by \_\_\_\_\_

2. Embalming

- In full by mortician
- Arterially only, until after funeral for delivery to medical school
- None if possible: burial or cremation within 48 hours after death

3. Body to lie in state

- in home     in funeral home     at Redeemer     other (specify) \_\_\_\_\_

4. Casket is to be

- open     closed     open for family, then closed

*\*Note: All caskets are closed for the funeral service.*

5. Friends may visit my family at

- our home     funeral home     Redeemer     other (specify) \_\_\_\_\_

no visitation desired

6. Casket

a. construction

- metal     wood     cloth-covered wood     cardboard

b. quality

- top of the line     middle of the line     least expensive

c. A casket has already been purchased through \_\_\_\_\_

Papers regarding this may be found \_\_\_\_\_

7. Vault

a. quality

- top of the line     middle of the line     least expensive

b. A vault has already been purchased through \_\_\_\_\_

Papers regarding this may be found \_\_\_\_\_

D. Cremation (if applicable)

- immediately upon death
- funeral to take place immediately
- funeral to take place when ashes are returned
- after funeral (see C2-6 above)

2. Interment

Body to be interred at \_\_\_\_\_

Lot and section number of plot I own \_\_\_\_\_

I do not own a lot.

Ashes to be interred at \_\_\_\_\_

Vault number or lot number of niche I own \_\_\_\_\_

3. Additional ceremonies besides the services of the church

Fraternal organization \_\_\_\_\_

Contact \_\_\_\_\_

Military - contact \_\_\_\_\_

Other (specify) - contact \_\_\_\_\_

4. List anything you wish to wear or have buried with you

\_\_\_\_\_  
\_\_\_\_\_

**Section 4: Funeral service information**

**1. The Funeral**

A. Service to be held at

Redeemer

Funeral home

Other church (specify) \_\_\_\_\_

Other location (specify) \_\_\_\_\_

B. Suggested pall bearers \_\_\_\_\_

C. Type of service

Burial service with Eucharist using:

Rite I (traditional language)

Rite II (contemporary language)

Burial service alone (no Eucharist) using:

Rite I

Rite II

D. Lessons

Old Testament:

Isaiah 25:6-9

Isaiah 61:1-3

Lamentations 3:22-26, 31-33

Wisdom 3:1-5, 9

Job 19:21-27a

New Testament:

Romans 8:14-19, 34-35, 37-39

1 Corinthians 15:20-26, 35-38, 42-44, 52-58

2 Corinthians 4:16 - 5:9

1 John 3:1-2

Revelation 7:9-17

Revelation 21:2-7

Gospel:

John 5:24-47

John 6:37-40

John 10:11-16

John 11:21-27

John 14:1-6

Psalm  42:1-7  46  90:1-12  121  130  139:1-11  23  23 - KJV  27  106:1-5  116

Other Scripture readings \_\_\_\_\_

E. Eucharistic Prayer

Rite I:  Prayer I

Prayer II

Rite II:  Prayer A

Prayer B

Prayer C

Prayer D

F. Music

Hymns, including the following \_\_\_\_\_

Organ music only

Other (Solo, instrument, choir) - specify \_\_\_\_\_

No music

**2. Other services**

I would like a memorial service also at \_\_\_\_\_

for those who cannot be at the funeral.

I would like a later memorial Eucharist for family and friends if none is celebrated at the funeral.

I would like a memorial Eucharist to be celebrated

one month after death

on the anniversary of death

other (specify) \_\_\_\_\_

No additional services requested

**3. Authorization**

I authorize the following person(s) \_\_\_\_\_

to make final decisions about funeral details with the priest who is to officiate. These persons are also authorized to make any necessary changes in other details above, in accordance with their own best judgments and taking into account the circumstances which surround my death.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnesses \_\_\_\_\_

Copies of these instructions have been given to \_\_\_\_\_