# Instructions to Survivors at the Time of Death

Name	e:					
		(please include ma	aiden name when appropriate)			
Address:						
Telephone: Date of Birth:						
		•	number of the person or persons on about the Service of Christian Bu			
Impo	rtant Pap	pers				
1.		Medical Power of Attorney a. Where on file				
		h Whom				
2.	-	Nill or Medical D y attached	Directive			
	b. Whe	ere on file	(Doctor/hospit	al)		
3.	Name,	address and tele	ephone number of physician.			
4.		ill and Testamen of document	nt			
	b. Whe	ere on file				
	c. Nam	e and address, t	telephone number of attorney			

5. \_\_\_\_ I have remembered to provide for the mission and ministry of St. James Episcopal Church in my will.

#### With Respect to My Body

6.	Organ or Body Donor information					
	a. Organ Donor Card					
	b. Where on file					
7.	Mortician/Funeral Director					
	Address					
	Telephone					
	Copy of this on file					
8.	Disposal of the Body					
	Cremation Embalming Whole Body Burial					
9.	Grave or Other Resting Place: Location Grave or Columbarium					

10. Inscription of Gravestone or Other Marker

### Service of Christian Burial

- 1. Receiving Family & Loved Ones Prior to the Service
  - a. Where? \_\_\_\_\_
  - b. When? \_\_\_\_\_

(See Prayer Book pp. 462-467)

2.	a. Which Service (Rite I, Rite II)				
	b. Holy Eucharist (Rite I, Rite II)				
	c. Readings: (pick one of each) Old Testament Isaiah 25:6-9 (He will swallow up death for ever) Isaiah 61:1-3 (To comfort those who mourn) Lamentations 3:22-26,31-33 (those who wait for the Lord) Wisdom 3:1-5,9 (the righteous are in the hands of God) Job 19:21-27a (I know that my Redeemer lives)				
	New Testament	-			
	Gospel John 5:24-27 (He who believes has everlasting life) John 6:37-40 (All that the Father gives me will come to you) John 10:11-16 (I am the good shepherd) John 11:21-27 (I am the resurrection and the life) John 14:1-6 (In my Father's house are many rooms)				
	Psalm 42:1-7; 46; 90:1-12; 121; 130; 139:1-11; 23; 27; 106:1-5; 116 23 (KIV)				
	d. Hymns:				
	e. Other music				
	f. Special Prayers				
Recept	tion following the service				
	a. Where?				
	b. Who to provide refreshments?				

#### Memorials

a. To St. James Memorial Fund

b. To a charity \_\_\_\_\_

In affirmation of these instructions to my survivors, and in the Christian hope of the resurrection to fullness of life with Christ in the Communion of the Saints, I sign my name below.

<u></u>	Date	
	Date	
Witness		
	Date	
The Rev. Kenneth H. Sau	inders III; <i>rector</i>	

### Turn in a copy of this form to the church to keep on file. Please keep a copy of this with your important papers



# St. James Episcopal Church

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