

Funeral Service Worksheet

The Episcopal Church of the Advent
Spartanburg, South Carolina

Full Legal Name of the Deceased: _____

Goes by: _____ Date of Birth: _____ Date of Death: _____

Funeral Home/Mortuary: _____

Funeral - Location: _____ Date: _____ Time: _____

Name of Celebrant/Officiant: _____

Will there be a casket or an urn present at the funeral? If yes, urn or casket? _____

Will there be a Committal? *Circle* Yes or No If yes, public or private? _____

Committal - Location: _____ Date: _____ Time: _____

Burial Rite I or Rite II: _____

Holy Eucharist/Communion? *Circle* Yes or No

Note regarding Scripture readings: Please see *A Guide for Funeral Preparation: Scripture Readings and Hymn Selections*. You may choose between two and three readings in addition to the Psalm(s). If there is to be Communion, a passage from the Gospel always concludes the readings. Please note that two selections can come from either the Old or New Testament. A Psalm, hymn or anthem can come between the readings.

From the Old Testament: _____

The Psalm(s): _____

From the New Testament: _____

The Holy Gospel: _____

Do you have a preference as to who will read the Scripture readings? _____

Name(s) of Readers: _____

Who will deliver the Homily? _____

Please see the *Funeral Planning Liturgical Guide* for suggested Hymns. Please discuss other musical selections not found in Episcopal hymnbooks with the Clergy and Music Director.

Musical Prelude and Postlude: _____

Hymn(s) selected: _____

Would you like for the Cleveland Tower Bell to toll before and/or after the Funeral? _____

Names of ushers requested: _____

Names of other participants requested for the service: _____

Are there readings or prayers requested in addition to the above selections? _____

If yes, please include title and source. *Please* note that these must be approved by the Rector:

Will there be a Visitation/Viewing prior to the Funeral? *Circle* Yes or No

Viewing - Location: _____ Date: _____ Time: _____

Memorial gift recipients include:

The Episcopal Church of the Advent: *Circle* Yes or No

Other (Name and Address): _____

Other (Name and Address): _____

Please see the *Bereavement Assistance Sheet* provided by the Guild of St. Francis and St. Clare regarding options for holding a reception at the Church.

Will there be a Reception? *Circle* Yes or No

If yes, Location: _____ Date: _____ Time: _____

Type of Reception (Check one): Beverages only Beverages & light snack
 Beverages & heavy snacks Luncheon

Other requests: _____

Name of person preparing this form (print): _____

Signature: _____ Date: _____

Please feel free to call upon the clergy with questions or for help with issues of death, grief, or mourning. The Rev. Ned Morris: 864-504-3696(o) 864-838-6893(m)

Please return this worksheet to:

The Episcopal Church of the Advent

141 Advent Street Spartanburg, SC 29302

PHONE (864) 585-2268 FAX: (864) 585-2202

Website: churchofadvent.org

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