St. Matthew's Episcopal Church 919 Tennis Avenue Maple Glen, PA 19002 215.646.4092

email parishmanager@saintmattsec.org

## FORM FOR CHRISTIAN BURIAL

Full Name:
Address:
Phone Number:
Email:
Date of Birth: Place of Birth:
Date of Death:
Place of Interment:
I prefer to have the ceremony held at: $\square$ Church $\square$ Graveside only $\square$ Funeral Home
I. Type of Service:
1. Rite I BCP Rite II BCP
2. Burial Office Alone Burial Office with Eucharist
3. □Cremation □Casket □ None
II. Scripture Selections
The Burial Rite includes one, two, or three lessons, with appropriate Psalm (see list below for choices), hymns or anthems between. Therefore, either an OT Lesson or a NT Lesson, or one from each category may be chosen. A gospel lesson mus be included.
Please check selection(s)
Old Testament (OT):
☐ 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 (The Lord is good)
Wisdom 3:1-5, 9 (The souls of the righteous are in the hands of God)
☐ Job 19:21-27a (I know that my redeemer lives)

Hymns during the service If so which hymns?			
☐ Choir (if available)			
V. People Participating (F	Camily or friends, if desired may participate in the following ways)		
To read Lessons: Old a Old Testament:	and/or New Testament		
New Testament:			
☐ To read the Prayers of	the People: Name:		
☐ Acolyte/Crucifer:	Name:		
	Name:		
	Name:		
☐ Ushers:	Name:		
	Name:		
	Name:		
	Name:		
☐ Pall bears:	Name:		
	Name:		
	Name:		
VI. The Committal	Name:		
Special Instructions:			

VII. Flowers
Florist:
# of Arrangements: Type of Flowers:
VIII. After Service Planning:
Reception: Yes No
Location of Reception:
IX. Family/Friend Contact
Please list the individual with whom the church will communicate regarding your funeral service.
Name:
Address:
Phone Number:
Email:
Signatura
Signature:
Date:
<del></del>