

ST. ANDREW'S EPISCOPAL CHURCH  
**FUNERAL PLANNING FORM**

*Please return completed forms to:*  
St. Andrew's Episcopal Church, 306 N. Division St., Ann Arbor, MI 48104

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- Service Type:**  Burial Office without Eucharist  
 Requiem Eucharist  
 Graveside service only

**Place of Burial:** \_\_\_\_\_

**SCRIPTURE SELECTIONS**

*2 – 4 to be chosen; with a Eucharist one selection should be a Gospel reading*

Old Testament: \_\_\_\_\_

Psalm: \_\_\_\_\_

New Testament: \_\_\_\_\_

Gospel: \_\_\_\_\_

**HYMNS SELECTIONS**

*2 – 4 should be chosen, though hymns are not required. Please indicate source if not in The Hymnal 1982.*

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

**RECEPTION**

Will there be a reception at the church following the service?  Yes /  No

**Other special instructions:**

**Please provide the name and contact information of person who will be making funeral arrangements:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_