



HOLY TRINITY

EPISCOPAL CHURCH

90 LEONARDINE AVENUE · SOUTH RIVER, NJ 08882

732-254-1734 · WWW.HOLYTRINITYSR.ORG

FUNERAL SERVICE PLANNING

To my loved ones who will make decisions for my Christian funeral: I have given prayerful consideration to the funeral or memorial service I wish for Holy Trinity Episcopal Church of South River, New Jersey, to offer after my death. As a gift to you, I have completed this form to tell you of my preferences. This document is not legally binding. Holy Trinity will offer this record of my expressed wishes, which is on file in the parish office, as a starting place for planning my funeral or memorial service.

PERSONAL INFORMATION

Full Name: _____

Date and Place of Birth: _____
Date City State Country

I Am: Single Married Partnered Divorced Widowed

Spouse's or Partner's Name: _____

Full Names of Children/Step-Children, if any: _____

PREFERENCES FOR MY BODY

My preference is: Burial Cremation Donation to Medical Research

Do I wish my body to be embalmed?: Yes No

If burial, do I have a cemetery plot?: Yes No

If Yes, cemetery name & location _____ Plot Number _____

If cremation, I would like for my ashes to be: Inurned Buried Scattered

Placed where?: _____

Funeral Home preference, if any: _____

Location of Funeral Home: _____

Memorial Gifts should be sent where? Holy Trinity South River, NJ Other (Give information below):

Other burial preferences? (clothing, jewelry, etc.) _____

continued

