

# St. John's Parishioner Pre-Planning Checklist and Emergency Contact Information

Parishioner Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Emergency Contact Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Legal Documents** - If you are setting up your will or trust,  
please remember St. John's.

I have a Last Will & Testament and it has been filed with:

\_\_\_\_\_

\_\_\_\_\_

I have:

\_\_\_\_\_ A health care surrogate who is:

Name\_\_\_\_\_

Phone\_\_\_\_\_

\_\_\_\_\_ A Living Will

\_\_\_\_\_ A “Do Not Resuscitate” order

The above information is filed with:

Name\_\_\_\_\_

Phone\_\_\_\_\_

## **Disposition of the Body**

\_\_\_\_\_ Whole Body Burial

\_\_\_\_\_ Cremation

\_\_\_\_\_ Donation of body to medical research. Forms have been filled out with:

\_\_\_\_\_

\_\_\_\_\_ Participation in Organ Donor Program

\_\_\_\_\_ My signed “Uniform Donor Card” is located:

\_\_\_\_\_

\_\_\_\_\_ None

## Pre-Funeral Preferences

My funeral wishes are on file with:

\_\_\_\_ St. John's Episcopal Church

\_\_\_\_ Funeral Home: \_\_\_\_\_

and they are: \_\_\_\_ Prepaid \_\_\_\_ Not Prepaid

\_\_\_\_ Family Member: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Funeral Home

Prior to service, there will \_\_\_\_ / will not \_\_\_\_ be a family  
visitation time

Funeral Preferences

Location of service

\_\_\_\_ St. John's Episcopal Church

\_\_\_\_ Other: \_\_\_\_\_

## Interment

Burial Location: \_\_\_\_\_

\_\_\_\_ Cremation

\_\_\_\_ Whole body burial

## **Committal Liturgy**

For whole body burial:

\_\_\_\_\_ At graveside, with family and friends

\_\_\_\_\_ Lowering of casket into ground at the words of  
committal

### **For interment after cremation:**

\_\_\_\_\_ St. John's Garth

\_\_\_\_\_ Another Place (To be arranged)