

BURIAL PLANNING

Full Name: _____

Date of Birth: _____

Date of Death: _____

Service Date: _____

Service Selections:

Rite: ___ One ___ Two

Holy Eucharist

Communion: ___ Yes ___ No

If yes, Prayer :

(Rite I) ___ 1 ___ 2

(Rite II) ___ A ___ B ___ Other

Gospel(Required if yes): _____

Readings: (See Attached)

Old Testament:

___ None

Selection: _____

Psalm:

___ None

Selection 1. _____ 2. _____

New Testament:

___ None

Selection: _____

Readers:

___ Readers provided

___ Family has readers selected

Names: _____

Hymns:

Processional: _____

Sequence: _____

Closing: _____

Response:

___ None ___ Homily ___ Remembrances

Worship Leaders:

Celebrant: _____

Other Clergy: _____

Ushers: _____

Crucifer: _____

Acolyte: _____

Reception Selections:

Reception: ___ Yes ___ No

If yes: ___ At Grace ___ Other

Other Location: _____

Flowers Provided by:

___ Family ___ Altar Guild

Will the Flowers be left for the Sunday Service:

___ Yes ___ No you will be taking them with you

Photo:

If you would like a Photo in the bulletin, please attach or send in.

Location of Photo: ___ Front ___ Back

Videographer to record and/or stream Service:

___ Yes ___ No

Guest Book (\$25):

___ Yes ___ No (Please check with the funeral home you are using to see if needed)

Committal

Committal Location: _____

Committal Time: _____

___ Private ___ Public



Grace Episcopal Church

KILMARNOCK, VIRGINIA

FEES FOR BURIAL/MEMORIAL SERVICE

ISSUED TO:

DATE ISSUED

BURIAL/MEMORIAL FOR:

DESCRIPTION	TOTAL
Organist (2761-09)	\$150
Special Musician(s) (2761-09)	_____
Sexton (2761-09)	\$150
Videographer (1867-06)	\$50
Altar Flowers (2761-06)	\$140
Reception Flowers (2761-06)	\$75
Altar Guild (Without or with communion) (1867-17)	\$75 / \$150
Publications (20-100/ 100+/ + Color) (1867-10)	\$50 / \$75 / \$25
Reception (Member/ Non member) (1757/1867-65)	\$0 / \$500
SUB TOTAL	\$
Priest (At your discretion) (2761-08/2761-10)	\$ _____
TOTAL	\$

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