



**Funeral and Burial Requests**  
St. Stephen's Episcopal Church  
Richmond, Virginia  
804.288.2867

---

**Today's date**

---

**Your Full Name**

---

Address

---

City

State

Zip

---

Email address

Phone (with area code)

---

**Person responsible for carrying out plans for my funeral and burial**

---

Name and relationship

---

Address

---

City

State

Zip

---

Email address

Phone (with area code)

---

Funeral home

---

Visitation  yes  
 no

If yes, location:

Residence

Church

Funeral Home

---

Casket or cremation:

---

If casket and you would like to designate pall bearers, list eight below.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

---

**Burial place**

---

I do own a plot

I do not own a plot

---

**Type of service**

- 
- Rite One Burial Office in Church  with Communion  without Communion  
 Rite Two Burial Office in Church  with Communion  without Communion  
 Celtic Service in Church with Communion (*additional fees for set up, musicians*)  
 Graveside only without Communion
-

**Readings** (normally 2-3 readings)

---

From the Old Testament

---

From the New Testament (Epistles)

---

From the Gospels

---

Non-biblical reading

---

**Hymns** (normally 2-3 hymns)

**Psalms** (normally 1-2 Psalms)

---

**Other music**

---

**Flower requests at the altar**

---

**Reception** following the funeral should take place at:

---

Residence; address

---

Church

---

Other:

---

In lieu of additional flowers, contributions may be made to:

---

Additional requests (*attach additional sheet if needed*)

---

**The Legacy Society**

I am a member of the St. Stephen's Legacy Society

I would like information on joining the St. Stephen's Legacy Society

---