



**Funeral Pre-Planning Form**  
St. Stephen's Episcopal Church  
Richmond, Virginia  
804.288.2867

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**Today's date**

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**Your Full Name**

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Address

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City

State

Zip

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Email address

Phone (with area code)

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**The person responsible for carrying out plans for my funeral and burial**

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Name and relationship

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Address

---

City

State

Zip

---

Email address

Phone (with area code)

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Funeral home

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Visitation  yes  
 no

If yes, location:

Residence

Church

Funeral Home

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Casket or cremation:

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

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

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**Burial place**

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I do own a plot

I do not own a plot

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

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From the Old Testament

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From the Psalms

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From the New Testament (Epistles)

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From the Gospels

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Non-biblical reading

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**Hymns\*** (customarily 2-3 hymns)

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1.

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2.

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3.

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**Other music\***

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**Flower requests at the altar\***

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**Desired participants or other requests**

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

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Residence (provide address)

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Church

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Other:

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

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I would like the service to be livestreamed  
and/or recorded.  yes  
 no

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*Hosted at [ststephensRVA.org/memorialstream](http://ststephensRVA.org/memorialstream)*

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**The Legacy Society**

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

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

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\*For items with an asterisk, see attached honoraria sheet.