

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name _____ Date of Completion _____

8. Information Concerning My Burial

Funeral Home

Contact Person _____

Funeral Home _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

_____ I have a prepaid arrangements _____ I have made plans but have not prepaid

Final Disposition of My Body

_____ Body buried in a cemetery plot

_____ Cremation with burial in a cemetery plot (cremation required pre-signed papers required by Connecticut State law)

_____ Cremation ashes scattered (location) _____

_____ Cremation with interment in St. Paul & St. James Columbarium

_____ Donation of entire body or organs

Name of Donor Organization _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

Cemetery

Name of Cemetery _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

_____ I have a prepaid arrangements _____ I have made plans but have not prepaid