



Saint Paul's by-the-Sea Episcopal Church

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Funeral Arrangements

Please print clearly and complete all required fields.

Date: _____

Name of the Departed: _____

Date of birth: _____

Date of death: _____

Address: _____

Name of Contact Person: _____

Address: _____

Phone: _____

Cremation: _____ Yes _____ No

Casket: _____ Yes _____ No

Viewing: _____ Yes _____ No

Burial Site: _____ City/State _____

Memorial Service (date/time/location): _____

Reception (date/time/location): _____

Funeral Home

Name: _____

Address: _____

Phone: _____

Funeral Director: _____

Service

The Burial of the Dead: _____ Rite I _____ Rite II

Holy Eucharist: _____ Yes _____ No

Organist: _____

Choir: _____

Hymn Selections: _____

Old Testament Reading: _____

Psalm(s): _____

Epistle: _____

Gospel: _____

Flowers/ Florist: _____

Names of Lay Readers: _____

Names of Ushers: _____

Any additional readings in the burial office or at the graveside: _____

Special Requests: _____

Signature

Printed name

Date

Witness signature

Witness printed name and address