

Province of St. Joseph of the Capuchin Order

Funeral & Burial Planning Form

Name of Friar _____

This form revokes and replaces any and all previous forms or statements in which I have expressed my preferences for funeral and burial.

I realize that the Provincial Minister or his Delegate may have to make alternate decisions at the time of my death according to what is best for me / the Province

BURIAL OPTIONS:

First Option: TRADITIONAL

___ My body is embalmed with Visitation, Vigil & Funeral Liturgy & Burial.

Second Option: CREMATION (check one preference below)

___ *Delayed Cremation* – Cremation takes place after the liturgy. Burial follows cremation. (This is the Church's preferred option)

___ *Direct Cremation* – My body is cremated without embalming. Visitation, Vigil Service & Funeral Mass in the Presence of the Cremated Remains and Burial of Cremains are scheduled when convenient for friars and family members.

THE FOLLOWING IS REQUIRED FOR ANYONE WHO CHOOSES THE OPTION: CREMATION

___ **I have discussed my choice for cremation with friar friends & family members.**

In Wisconsin:

___ I and my designated representative(s) _____ have completed and signed the *Authorization for Final Disposition of Body* form to authorize the cremation of my remains. My representative will authorize my cremation at the time of death.

This signed form should be held by the Local Minister with a copy to the Provinciate

In Michigan:

___ I have designated my blood relative _____ to sign the necessary document after my death so that the crematory that cremates my remains may proceed.

Third Option: GREEN BURIAL

___ My body will not be embalmed, will be dressed in the habit, and buried with *Rites of Commendation and Committal* within 24 to 48 hours. A Memorial Mass is scheduled when convenient for the friars and the family members. *In some cases, a grave liner may be necessary.*

THE FOLLOWING IS REQUIRED FOR ANYONE WHO CHOOSES THE OPTION: GREEN BURIAL

___ I understand that circumstances of my death (e.g. infection) or time of year may preclude this option.

___ I have discussed this choice with friar friends & family members and they understand and accept my choice.

Signature of Friar

Date

Signature of Local Minister

Date

Military Honors for friars who have served in the Army, Navy, Air Force, Marines, Coast Guard or National Guard:

___ I served in the U.S. (Insert branch) _____

___ I desire to have military honors at my funeral (flag folding and presentation, etc..).

___ I do NOT wish to have military honors at my funeral.

The following is required for anyone who has served in the Armed Forces

___ I have discussed this choice with friars, friends & family members and they understand and accept my choice.

Catholic Organizations As a member of a Catholic organization I would like them to be notified and request their presence at my Funeral or Memorial Mass.

___ Knights of Columbus Council _____ Assembly _____

___ Knights of Peter Claver Council _____ Assembly _____

___ Other _____

Burial

1. With regard to the burial of my remains:

___ Bury my remains in the nearest Capuchin cemetery (Required for a Green Burial)

___ Capuchin Cemetery in Mt. Calvary

___ Capuchin Cemetery in Detroit

___ St. Joseph Cemetery in Appleton (Green Burials are not permitted)

2. I would like the following items buried with me:

Liturgy of Christian Burial (Funeral Mass)

I would like the following Christian Symbols placed on my casket if there is a Funeral Mass:

___ Crucifix

___ Breviary

___ Book of the Gospels

___ Rule & Constitutions

___ Other _____

Liturgy of Christian Burial (Funeral Mass) or Memorial Mass

Ordinarily, the Provincial Minister presides and preaches at Capuchin funerals. If possible, I would like the homilist to be _____

Requested Scripture Readings:

1st Reading (Old Testament) _____

2nd Reading (New Testament) _____

Gospel _____

Optional: In addition to a Scripture passage, I would like the following non-Scriptural reading to be proclaimed at the Vigil Service (e.g. a Franciscan passage, Capuchin Constitutions, etc.):

Requested Hymns:

_____ Hymns that are current at the time of my death as selected by the Provincial Liturgical Commission.

_____ If possible, I would like the following hymn or hymns to be sung at my funeral

Special intercessions:

Family Members, Friends or Friars that you would like to have an appropriate role in your Vigil Service, Funeral or Memorial Mass:

Additional requests:

Notification of Relatives and/or Friends

While we cannot contact all your family directly, we try to contact select family members or friends who can inform the rest of your family or friends.

I would like the following family members to be notified of my death:

Name _____ Relationship _____

Address _____

Telephone No. _____

Name _____ Relationship _____

Address _____

Telephone No. _____

Obituary

I would like the following family members listed as survivors:

Father _____

Mother (include Maiden Name) _____

Step-Parents (if applicable) _____

Siblings _____

I would like the following family members listed as having predeceased me:

Father _____

Mother (include Maiden Name) _____

Step-Parents (if applicable) _____

Siblings _____

This form should be reviewed annually for accuracy. If this form is revised in any way, copies of the previous document should be destroyed. The original copy of the new/revised document should be given to the Local Minister and a photocopy sent to the Provincialate to be placed in the friar's personnel file.