

FUNERAL PLANNING FORM

DECEASED \_\_\_\_\_ AGE AT TIME OF DEATH \_\_\_\_\_

FUNERAL DATE \_\_\_\_\_ Body or Cremains Present \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_ PHONE \_\_\_\_\_

Funeral Home Contact Person \_\_\_\_\_

FAMILY CONTACT PERSON \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

FUNERAL Music Suggestions \_\_\_\_\_

Old Testament \_\_\_\_\_ Reader \_\_\_\_\_

New Testament \_\_\_\_\_ Reader \_\_\_\_\_

Gospel \_\_\_\_\_

Intercessions \_\_\_\_\_

Gift Bearers \_\_\_\_\_

Eucharistic Ministers \_\_\_\_\_

Servers \_\_\_\_\_

Memorials or eulogies? Explain when this can be done \_\_\_\_\_

Cemetery \_\_\_\_\_ Before or After Lunch \_\_\_\_\_

WAKE SERVICE Date \_\_\_\_\_ Time \_\_\_\_\_

Scripture Service \_\_\_\_\_ Rosary \_\_\_\_\_

Presider \_\_\_\_\_

LUNCHEON Yes \_\_\_\_\_ No \_\_\_\_\_

Where \_\_\_\_\_

Number to prepare for \_\_\_\_\_