

Funeral Arrangements for:

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Family Contact Information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

Funeral Director:

Funeral Home: _____ Phone Number: (_____) _____ - _____

Name of Funeral Director: _____

Funeral Arrangements:

Funeral Date: _____ Time: _____ Location (circle one): Church or Chapel

Presider: _____ Deacon: _____

Cantor: _____ Musician: _____

Vigil Prayer Service? **Yes** or **No** Timeframe of Vigil: _____ Time of Prayers: _____

Vigil Presider: _____ Vigil Location: _____

Place of Burial: _____ Time and Date of Burial: _____

Cremation? **Yes** or **No** Will the Body be Present for the Funeral? **Yes** or **No**

Readings:

Old Testament: _____ Reader: _____

New Testament: _____ Reader: _____

Gospel: _____

Music:

Opening Hymn: _____ Responsorial Psalm: _____

Prep. of Gifts: _____ Communion Hymn: _____

Communion Reflection Hymn: _____ Closing Hymn: _____

Additional Information:

Gift Bearers: _____ Eulogy? **Yes** or **No**

Peace Room Luncheon: **Yes** or **No** Caterer (if using): _____ Est. Attendance: _____

Additional Requests or Comments: _____
