

Funeral Arrangements for:

Name of Deceased: _____

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

Address: _____ City: _____

Family Contact Information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone Number: () _____ - _____

Other Family Members: _____

Funeral Director

Funeral Home: _____ Phone Number: _____

Name of Funeral Director: _____

Funeral Arrangements:

Funeral Date: _____ Time: _____ Location: Church or Chapel

Presider: _____ Deacon: _____

Cantor: _____ Musician: _____

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

Vigil Presider: _____ Vigil Location: _____

Reviewal Prior to Funeral? Yes or No Location of Reviewal: Plaza or Chapel or St. Therese

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

Luncheon? Yes or No Estimated Attendance: _____

Servers: _____

Lectors: _____

Gift Bearers: _____

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

Readings:

Music:

Old Testament: _____

Opening Song: _____

New Testament: _____

Response Psalm: _____

Gospel: _____

Prep. of Gifts: _____

Funeral Arrangements for:

Eulogy? Yes or No

Communion: _____

Additional Requests or Comments?