

Funeral Planning Packet

REMINDER: the date and funeral cannot be scheduled without first speaking with someone in the Parish Office. Please make sure that the Funeral Home calls prior to finalizing arrangements.

General Information

(Please complete in preparation for meeting with our priest, deacon, or parish personnel)

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SECTION I

Contact Information

1. Full Name of Deceased (Please Include Middle Name):

2. Date of Birth: _____

3. Age at Time of Death: _____

4. Place of Residence (at Time of Death): _____

5. Primary Contact (for Funeral Arrangements):

a. Name: _____

b. Relationship: _____

c. Phone: _____

d. Email: _____

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SECTION II

Arrangements Prior to the Funeral

1. Day and Date of the Funeral: _____
2. Time of Funeral: _____
3. Church: _____
4. Celebrant: _____
 - a. Celebrant's Phone Number: _____
5. Type of Service:
 - a. With Mass: _____
 - b. Without Mass: _____
 - c. Grave-side Only: _____
 - d. Funeral Home w/Burial _____
6. Visitation Prior to the Funeral: ___ Yes ___ No
 - a. If Yes:
 Date: _____
 Time (for Family): _____
 Time (for Public): _____
 Location(s): _____
7. Prayers Prior to the Funeral: ___ Yes ___ No
 - a. If Yes, Check One:
 Vigil Prayer Service for the Deceased: _____
 Rosary _____
8. Cremation: ___ Yes ___ No
 - a. If Yes: ___ Prior to Funeral ___ After Funeral

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9. Burial: Yes No

a. Cemetery: _____

b. Will the Celebrant preside at the burial/interment? Yes No

c. If not, name of other minister: _____

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