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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