

FUNERAL INFORMATION SHEET

Name of Deceased: _____

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

Address: _____

Family Contact: _____ Relation: _____ Phone: _____

Funeral Home/Contact/Phone: _____

Funeral Date: _____ Time: _____ Clergy: _____

Type of Service (Check all that apply):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Funeral Mass | <input type="checkbox"/> Memorial Mass | <input type="checkbox"/> Funeral Home Service |
| <input type="checkbox"/> Body | <input type="checkbox"/> Cremains | <input type="checkbox"/> No Body Present |

Location of the Service: _____

1st Reading: _____ Read by: _____

2nd Reading (optional): _____ Read by: _____

Intercessions - Read by: _____

Gift Bearers (optional): _____

Musician: _____

Music Selections: 1: _____ 2: _____

3: _____ 4: _____ 5: _____

Eulogy (optional): _____ (3 minute limit & typed out)

Wake Service (optional): Date: _____ Time: _____ Location: _____

Graveside (optional): Date: _____ Time: _____ Location: _____

Social Hall (optional): Date: _____ Time (start & end): _____

Office Info: Facilities Sacristan: _____ Bkpg: \$ _____

Registry: V _____ P _____ N _____ Parish Soft Bulletin