HOLY FAMILY CATHOLIC CHURCH FUNERAL PLANNING FORM

FUNERAL HOME:		PHONE:	
Name of Deceased:			Age:
Address of the Deceased:		DATE OF	BIRTH:
DATE OF DEATH:			
CONTACT PERSON:		RELATIONSHIP TO DEC	CEASED:
Address of Contact Person			
CONTACT NUMBER: (DAY)	(Evening)	EMAIL	
	Surviving	FAMILY MEMBERS	
Spouse	PARENTS: _		
CHILDREN:			
OTHERS:			
	DECEASED	FAMILY MEMBERS	
Spouse	PARENTS: _		
CHILDREN:			
OTHERS:			
	ROSARY/ WAKE	SERVICE INFORMATION	
DATE: TIME: _	Presii	DER/ PHONE:	
LOCATION: FUNERAL HOME HOME	OLY FAMILY WO	RDS FROM THE FAMILY: \Box Yes	\square No
Spokesperson:			
	Fune	ERAL SERVICE	
DATE: TIME	:LOCATION	: □Holy Family Church	\Box Graveside
Presider: ☐ Fr. Bentil ☐ Fr. Patr	RICK DCN STEVE DCN ED	DDIE OTHER:	NAME/NUMBER
ALTAR SERVER: CHURCH PROVIDE	☐ FAMILY PROVIDE	Lector: ☐ Church Prov	IDE ☐ FAMILY PROVIDE
Name of Lector:			_
EUCHARISTIC MINISTER: (IF MORE THA	AN 200 ARE EXPECTED, ONE I	S NEEDED) 🗆 YES 🗆 NO	GIFT BEARERS: ☐ YES ☐ NO
Musician/Cantor:			
Burial Location :		Presider of Burial:	

HOLY FAMILY CATHOLIC CHURCH FUNERAL PLANNING FORM FUNERAL MEAL

	vide a meal for all families whose funeral is at Holy Family Parish after the funeral in ALREQUESTED: \square Yes \square No \square Approximate number for Reception:		
	MASS/ RECEPTION SCHEDULED THROUGH SCHEDULER?		
	TEAM LEADER FOR FUNERAL MEAL		
	PRIOR TO THE SERVICE		
# OF RESERVED PEWS NEEDED:	SPECIAL NEEDS:		
OTHER INFORMATION			
	Music		
Prelude:	PROCESSIONAL HYMN :		
Offertory:	COMMUNION:		
RECESSIONAL HYMN:			
	READINGS		
OLD TESTAMENT READING:			
WORSHIP AIDS COMPLETED: YES	READING FOR LECTORS SENT: YES READINGS TO CLERGY: YES		
	PERSONAL INFORMATION		
Was the deceased a member of any chi	urch organizations? Knights of Columbus Altar Society Catholic Daughter		
□ OTHER:	MEMORIALS TO:		
MEMORIAL ENVELOPES COMPLETED: Yes	S		
	WISH OTHERS TO KNOW ABOUT YOUR LOVED ONE, SUCH AS FORMER OCCUPATION, HOBBIES, WHILE THE HOMILY IS NOT A EULOGY THE PRESIDER MAY CHOOSE TO INCLUDE SOMETHING IN HIS		