



## Funeral Arrangement Form

*Please complete this form and return it to the parish*  
**(PLEASE PRINT)**

<b>Date Today:</b>	
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### Type of Service

<input type="checkbox"/> Funeral Mass	<input type="checkbox"/> Chapel Service	<input type="checkbox"/> Graveside Service	<b>Year:</b>
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### Deceased Information

<b>Full Name of Deceased:</b>			
<b>Parishioner:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date of Birth:</b>	
<b>Date of Death:</b>		<b>Date of Funeral:</b>	
<b>Name of Funeral Home:</b>			
<b>Funeral Home Contact — Name:</b>		<b>Phone:</b>	

### Service Schedule

<input type="checkbox"/> <b>Funeral Mass at Church:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>	<b>Time:</b>
<input type="checkbox"/> <b>Service at Funeral Home:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>	<b>Time:</b>
<input type="checkbox"/> <b>Graveside Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>	<b>Time:</b>
<input type="checkbox"/> <b>Wake Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>	<b>Time:</b>

### Remains & Interment

<b>Remains:</b> <input type="checkbox"/> Casket <input type="checkbox"/> Urn	<b>Cremation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Location if Yes: _____
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**Interment:**  Yes     No    Location if Yes: \_\_\_\_\_

**Next of Kin / Contact Person**

<b>Name:</b>		<b>Phone:</b>	

**Special Arrangements**

<b>Readings:</b>		
<b>Family members to do Readings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name 1:</b> _____	<b>Name 2:</b> _____

**Music & Liturgy**

<input type="checkbox"/> Organist	<input type="checkbox"/> Choir	<input type="checkbox"/> Other Musician	<input type="checkbox"/> None
<b>Altar Servers:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Reception in Parish Hall Requested:**  Yes     No

**Payment Received**

Church	Hall	Organist	Cantor	Other

**Additional Notes**

<b>Date:</b>	
<b>Date:</b>	
<b>Date:</b>	
<b>Date:</b>	
<b>Date:</b>	