

FUNERAL INFORMATION SHEET

NAME _____ AGE _____ DATE OF DEATH _____

SPOUSE _____

HOME PHONE _____ CELL PHONE _____

FAMILY CONTACT _____ PHONE NO. _____

ADDRESS _____ ZIP CODE _____

FUNERAL HOME _____ CONTACT _____ PHONE _____

SCRIPTURE SERVICE YES NO ROSARY SERVICE ADDED YES NO

ROSARY/SCRIPTURE CLERGY _____

FUNERAL MASS DAY _____ DATE: _____ TIME _____

CELEBRANT _____ CHURCH CHAPEL _____

BODY PRESENT: YES NO

CREMAINS PRESENT: YES NO

ALTAR SERVER _____

SONGLEADER/CANTOR _____

ORGANIST _____

W/HARP _____

HYMNS:
PROCESSIONAL _____

READINGS (FAMILY OR PRIEST):

OFFERTORY _____

1ST _____

COMMUNION _____

23RD PSALM _____

RECESSIONAL _____

2ND _____

SPEAKERS (EULOGIES) YES NO GIFT BEARERS YES NO

PHOTO YES NO PRAYER CARDS YES NO GUEST BOOK YES NO

PROGRAM YES NO RECEPTION YES NO IF YES, WHERE _____

BURIAL (CEMETERY) _____

GRAVESIDE CLERGY _____

ANNOUNCEMENT _____