

FUNERAL CHECKLIST

Name of Deceased: _____

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

Funeral Home: _____

Funeral Home Phone: _____ Funeral Home Email: _____

Funeral Date: _____ Day: _____ Time: _____

Location: _____ Celebrant: _____

Calling Hours: _____

Obituary Received Casket Mass Stipend \$100 Paid
 Family has Funeral Guide Urn Outside of Mass

Contact Name: _____ Rel: _____

Phone: _____ Email: _____

Contact Name: _____ Rel: _____

Phone: _____ Email: _____

Altar Servers: 1. _____ 2. _____

Musician? Y / N _____ Florist? Y / N _____

PROCESSIONAL HYMN: _____

FIRST READING: _____

Reader: _____

RESPONSORIAL PSALM: _____

Reader: _____

SECOND READING: _____

Reader: _____

PRAYERS OF THE FAITHFUL: _____

OFFERTORY HYMN: _____

Gift Bearers: Y / N 1. _____ 2. _____

COMMUNION HYMN: _____

EULOGY? Y / N Eulogist: _____

RECESSIONAL HYMN: _____

POST FUNERAL INFORMATION

Burial? Y / N Where: _____ When: _____

Officiant: _____

Use of Hall for Reception: Y / N

Hall Rental Form Signed: Y / N

CHURCH REGISTRY INFORMATION

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Spouse Name: _____

Spouse's Maiden Name: _____

Physical Address: