

**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 DECEASED: \_\_\_\_\_

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: \_\_\_\_\_ PRESIDER/ PHONE: \_\_\_\_\_

LOCATION:  FUNERAL HOME  HOLY FAMILY WORDS FROM THE FAMILY:  YES  NO

SPOKESPERSON: \_\_\_\_\_

**FUNERAL SERVICE**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION:  HOLY FAMILY CHURCH  GRAVESIDE

PRESIDER:  FR. BENTIL  FR. PATRICK  DCN STEVE  DCN EDDIE  OTHER: \_\_\_\_\_ NAME/NUMBER

ALTAR SERVER:  CHURCH PROVIDE  FAMILY PROVIDE LECTOR:  CHURCH PROVIDE  FAMILY PROVIDE

NAME OF LECTOR: \_\_\_\_\_

EUCCHARISTIC MINISTER: (IF MORE THAN 200 ARE EXPECTED, ONE IS NEEDED)  YES  NO GIFT BEARERS:  YES  NO

MUSICIAN/CANTOR: \_\_\_\_\_

BURIAL LOCATION : \_\_\_\_\_ PRESIDER OF BURIAL: \_\_\_\_\_

