

FUNERAL INFORMATION WORKSHEET

NAME: _____

NEXT OF KIN: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF DEATH: _____

SERVICE INFORMATION

DATE OF FUNERAL: _____

PLACE(CHURCH OR FUNERAL HOME): _____

VIEWING (PLACE AND TIME: _____

PASSAGES:
1ST READING: _____

HYMNS: _____

PSALM: _____

2ND READING: _____

COMMUNION: YES NO
EXPECTED NUMBER _____

GOSPEL: _____

DATE & PLACE OF BIRTH: _____

DATE & PLACE OF BAPTISM: _____

PLACE OF INTERNMENT: _____

LUNCHEON AT CHURCH: YES NO EXPECTED NUMBER _____

FAMILY INVOLVEMENT: