

Funeral Planning Form

Contact Person: _____ Phone #: _____

Funeral Home: _____

Funeral Home Contact: _____ Phone # _____

Full Name of Deceased: _____

Date and Place of Birth: _____

Date and Place of Death: _____

Baptized? (Y) (N): _____ Confirmed? (Y) (N): _____

Place of Internment (Burial): _____

Will there be Military Honors? _____

Will the Masons or other groups be involved? _____

Would you like a Reception? _____

Special Requests or Desires Concerning Flowers, etc . . .?

Signature: _____ Date: _____

Priest: _____ Date: _____