

FUNERAL PLANNING CHECKLIST (Reference)

Name of deceased: _____

Funeral Director: _____

Date & Time of Service: ____ / ____ / ____ at _____ AM / NOON / PM

Service Details:

☐ Funeral Mass ☐ Funeral Service (A Service of readings and prayers)

Committal:

☐ Burial – Graveside / Ashes / other _____ ☐ Cremation

Place of Service: ☐ Church – HS / OLOG / SA / SMC / Other: _____

☐ Cemetery _____

☐ Crematorium _____

Reading: Provided by ☐ Priest ☐ Family, (by Date of ____ / ____ / ____

First Reading: _____

Psalm: _____

Gospel: _____

Reception after the funeral: ☐ Yes ☐ No

Place of reception: ☐ Church – HS / OLOG / SA / SMC / Other _____

Music: ☐ Organ ☐ Music (only available if mp3 is provided by family)

☐ Other _____

Flower: Organised by ☐ Church ☐ Family ☐ Other _____

Donations / Collection: ☐ Yes, taken for _____ ☐ No

Family/Friend's involvement:

☐ Reading the Scripture(s) ☐ Prepare / Reading Bidding Prayers

☐ Place Bible / Crucifix on the coffin ☐ Offertory procession

Other: _____

Estimated timeline to finalise the Order of Service: _____

Do you consent to the Parish keeping your contact details to communicate upcoming events and the weekly newsletter?

☐ Yes ☐ No

Do you consent to having the funeral details mentioned in the parish newsletter and on the website? ☐ Yes ☐ No