

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 / Eulogy

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