

BEREAVEMENT FORM

Today's Date: \_\_\_\_\_

Funeral Service       Memorial Service

Clergy: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Last Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Other Family Information: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Service:  Rite I     Rite II     Military      Bulletin:  No     Yes ~ Qty: \_\_\_\_\_

Location:  Church     Chapel     Funeral Home     Graveside     Other

Location Address: \_\_\_\_\_

Viewing?  No     Yes ~ Date: \_\_\_\_\_

Time: \_\_\_\_\_

1<sup>st</sup> Reading: \_\_\_\_\_ 2<sup>nd</sup> Reading: \_\_\_\_\_ Psalm: \_\_\_\_\_

Gospel: \_\_\_\_\_  Sermon     Homily     Reflections

Hymns: \_\_\_\_\_

Communion:  No     Yes ~ Quantity: \_\_\_\_\_

Interred?  No     Yes ~ Location: \_\_\_\_\_

Readers: \_\_\_\_\_

Acolyte(s): \_\_\_\_\_ Chalice Bearer(s): \_\_\_\_\_

Usher(s): \_\_\_\_\_ Soloist/Taps: \_\_\_\_\_

Others: \_\_\_\_\_

Flowers: \_\_\_\_\_

Reception:  No     Yes ~ Location: \_\_\_\_\_

Contacted:  Altar Guild     Sexton     Pastoral Care     Columbarium     Organist     Others

Other Information: \_\_\_\_\_