

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: _____

1st Reading: _____ 2nd 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: _____