

Funeral / Memorial Service Planning

Full Name of the Deceased: _____

Date of Birth: _____ / Date of Death: _____ / Age: _____

Do you want the funeral posted on the Christ Church website? ☐ Yes ☐ No

Do you want the parish notified about the funeral by email? ☐ Yes ☐ No

Funeral Service:

Service Date: _____ / Service Time: _____

Burial Office: ☐ Rite I, (BCP, p. 469) or ☐ Rite II, (BCP, p. 491)	Will organist be needed? ☐ Yes ☐ No
Eucharist: ☐ Yes ☐ No	Casket: ☐ Yes ☐ No
Urn: ☐ Yes ☐ No	

Officiant: _____ / Number of guests expected: _____

Participants (Clergy, Readers, Speakers, Ushers, Lay Eucharistic Minister, Pallbearers, etc.): _____

Number of seats that should be reserved up front for: _____ Family Members / _____ Speakers / _____ Pallbearers

Hymns: _____

Readings: _____

Florist: _____ / Florist Phone: _____

Memorial gifts donated to (Name and Address): _____

Burial:

Burial Location: _____ / Burial Date: _____ / Burial Time: _____

Reception at Christ Church: ☐ Yes ☐ No

Location: _____ Time: _____

Catered by: _____ Caterer Phone: _____

*If catered, we suggest that you hire servers. If you plan to serve alcohol, servers are required.

Family Contact:

Name: _____ / Relationship: _____

Phone Number: _____ Email: _____

For Accounting / Name and Address of person who should receive contribution statement:

Funeral Home:

Name: _____ Phone Number: _____ Contact: _____