

FUNERAL PLANNING FORM

Name of Deceased Loved One:

Date of Birth: _____ Date of Death: _____

Bereavement Minister: _____

Funeral Home: _____

Family Contact Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of Funeral: _____ **Time of Funeral:** _____

Location of Funeral (*choose one*):

___ St. Peter ___ St. Joseph ___ Sacred Heart

Type of Funeral (*choose one*):

___ Casket ___ Urn ___ Memorial

Placing of the Funeral Pall (*choose one*):

___ Pall Bearers ___ Selected Family ___ Funeral Director

Readings (*indicate letter and number from Funeral Planning Guide*):

Old Testament: _____ Read by: _____

New Testament: _____ Read by: _____

Gospel: _____

Gift Bearers:

(1): _____
(2): _____

Pall Bearers:

(1): _____
(2): _____

Music *(indicate letter and number from Funeral Planning Guide):*

Opening: ____ Offertory: ____ Communion: ____ Recessional: ____
Optional Marian Hymn: ____

**A Funeral luncheon is available for a fee at Sacred Heart Church.
You must contact the Parish Office to schedule.**

Holy Family Parish Office - (219) 362-2815

Do you want an announcement about a Funeral Luncheon at the Church?

_____ Yes _____ No

Do you want a Personal Worship Aid? *(there is a fee for this service):*

_____ Yes _____ No If yes, how many? _____

Other Information/Notes: _____

