



FUNERAL PRE-PLANNING FORM

**You may change your plans at any time.*

Name of Person Making Plans:

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Family Contact Information (1)

Name: _____

Address: _____

Phone Number: _____

Email: _____

Family Contact Information (2)

Name: _____

Address: _____

Phone Number: _____

Email: _____

Funeral Home of Choice: _____

Have you already made plans with the funeral home?

☐

YES

☐

NO

I want a funeral: (check all that apply)

___ Mass + Wake Service ___ Funeral Home Service (No Mass) ___ Rosary

___ Graveside Burial ___ Mass (ONLY)

Location of Funeral Mass (choose one):

___ St. Peter ___ St. Joseph ___ Sacred Heart ___ Other: _____

Type of Funeral Mass (choose one):

___ Casket ___ Urn ___ Memorial Mass (ONLY)

(no remains present)

Cemetery Location of Burial:

Pall Bearers (6):

Do you want a Personal Worship Aid for your Funeral Mass?

___ Yes ___ No

Planning:

___ Yes, I would like to choose my readings and music.

___ No, I want my family and loved ones to choose my readings and music.

***If you would like to choose your own readings and music, please call the Holy Family Parish Office and set up an appointment with one of the Bereavement Ministry Members.
219.362.2815**

Other Information/Notes: _____

SIGNATURE OF INDIVIDUAL MAKING PLANS DATE

SIGNATURE OF WITNESS (NEXT OF KIN) DATE

DATE REVISED: _____