

FUNERAL PLANNING OUTLINE

FUNERAL OF: _____
Date/Time: _____
Church: _____
Burial Date: _____ Location/Time: _____
Luncheon: _____
Visitation: _____
Contact: _____

Funeral Mass:

Music: _____
Server(s): _____

Pall by family? Yes _____ No _____

Readings: 1st Reading: _____
2nd Reading: _____
Gospel: _____

Gifts brought by: _____

Remembrance? Yes _____ No _____

By whom? _____

Additional Notes: _____

Cremation: Yes No Before Funeral After Funeral