

FUNERAL CHECK LIST

Name _____

Spouse _____ Name of Children _____

Church Membership _____

Officiating Pastor _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Funeral Home _____ Phone Number _____

Funeral Date _____ Visitation Time _____ Service Time _____

Visitation (circle one) Church OR Funeral Home **Service** (circle one) Church or Funeral Home

Readings _____

Hymns _____

Words of Remembrance _____

Burial Date _____ **Time** _____ **Place** _____

Luncheon (Y/N) _____ Catered _____ No. of guests expected _____

Church Bars & Coffee (Y/N) _____ Pall (Y/N) _____ Communion (Y/N) _____

Pianist or Organist (Y/N) _____

Name _____ Phone # _____ Fee _____

Soloist (Y/N) _____

Name _____ Phone # _____ Fee _____

Will office print bulletins? (Y/N) _____ Number of Bulletins _____

Family Contact _____ Phone # _____

Address _____

Email _____

Additional Information _____

-----**OFFICE ONLY**-----

____ Advise Custodian
____ Contact Pianist/Organist
____ Contact Work Group # _____
____ Attach Obituary / Funeral Home
____ Homebound List
____ Inform Altar Committee contact: _____

____ File
____ Bulletin
____ Sympathy Card
____ Update Church Windows
____ Update Phone Tree/Constant Contact
____ Membership Reports