

FUNERAL PREPARATION PLANNING SHEET

Name of the Deceased: _____ Today's Date _____

Death Date _____ Age of deceased _____

Contact Person _____ Relationship _____

Email Address _____

Address _____

City and zip _____

Cell number _____ Home number _____

Funeral Home: Cabot's: 626 793 7159 Contact Person _____		
Other Funeral Home _____		
Contact Person _____	Phone _____	
<u>Vigil:</u> yes no Presider _____ Place _____		
Date _____	Time _____	
<u>Funeral:</u> yes no Presider _____ Place _____		
Date _____	Time _____	
<u>Committal:</u> yes no Presider _____ Place _____		
Date _____	Time _____	
<u>Memorial Mass:</u> yes no Presider _____ Place _____		
Date _____	Time _____	

Copies to:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Msgr. Connolly | <input type="checkbox"/> Reception Desk | <input type="checkbox"/> Erin Lima |
| <input type="checkbox"/> Fr. Marlon | <input type="checkbox"/> Theresa | <input type="checkbox"/> Mary Ternan |
| <input type="checkbox"/> Fr. Denis | <input type="checkbox"/> Cambria | <input type="checkbox"/> Nancy |
| <input type="checkbox"/> Patricia Plescia | <input type="checkbox"/> Marlene Moore | <input type="checkbox"/> Teena |

Family Members

Mother _____ Father _____

Wife _____ Husband _____

Brothers _____

Sisters _____

Sons _____

Daughters _____

Grandchildren _____

Others _____

Readings

First _____ Gospel _____

Second _____

Notes
