

# FUNERAL PLANNING GUIDE

*Information for funeral home planning*

Name: _____
Date: __/__/__
Copies to: Spouse ____ Children _____ Other _____

*Source: Diocese of Portland, Oregon  
Edited for use by Saint Mary Parish*







# NOTIFICATIONS

INFORMATION FOR \_\_\_\_\_

<i>Name</i>	<i>Relationship</i>	<i>Phone#</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CO-WORKERS

<i>Name</i>	<i>Company</i>	<i>Phone#</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Membership in

Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

# BIOGRAPHICAL INFORMATION

Name \_\_\_\_\_

An obituary is important and meaningful to those loved ones left behind. Include information about your education, work, accomplishments, etc.

Place of birth and early years of childhood: \_\_\_\_\_

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Schools: \_\_\_\_\_

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Work Information: \_\_\_\_\_

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Member Organizations: \_\_\_\_\_

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Parish Name: \_\_\_\_\_

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Parish Committees, Commissions Etc.: \_\_\_\_\_

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Achievements & Special Honors: \_\_\_\_\_

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# FUNERAL INFORMATION

INFORMATION FOR \_\_\_\_\_

These are my funeral service wishes:

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address City State

Place of Service: \_\_\_\_\_  
Church Name

Parish Name

\_\_\_ Funeral Mass \_\_\_ Memorial Mass

\_\_\_ Cemetery/Chapel \_\_\_ Graveside

Memorial donations may be made to: \_\_\_\_\_

In Lieu of Flowers, Donations to (Home Parish, School, etc): \_\_\_\_\_

Funeral Liturgy:

***Please see Funeral Planning Packet Provided by Bereavement Ministry***

Participating Organizations at Wake or Committal Service (*military, fraternal, lodge, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FUNERAL INFORMATION

(continued)

*Personal Accessories:*

\_\_\_ Wedding Band      \_\_\_ Stays On \_\_\_ or Returned to: \_\_\_\_\_  
\_\_\_ Eyeglasses        \_\_\_ Stays On \_\_\_ or Returned to: \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_ \_\_\_ Stays On \_\_\_ or Returned to: \_\_\_\_\_

Pallbearers' Names	Relationship	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions/Notes/Awards/Life Achievements/Pictures/Obituary Requests/Items to be placed with the remains.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CEMETERY INFORMATION

INFORMATION FOR \_\_\_\_\_

Cemetery Preferred: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State

Phone #: \_\_\_\_\_

I \_\_\_\_\_ Own \_\_\_\_\_ Prefer

*Type of Burial Rights:* \_\_\_\_\_ Mausoleum \_\_\_\_\_ Lawn Crypt \_\_\_\_\_ Ground Burial \_\_\_\_\_ Columbarium

If Owned, Name of Burial Right Holder is/are: \_\_\_\_\_

Legal Description of Burial Rights: Lot # \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_

Location of Easement: \_\_\_\_\_

When contemplating your final resting place be sure you have clear entitlement to the burial rights for the lot or grave space you wish to use. If the burial rights were originally purchased by a parent or grandparent, rights may be shared equally by siblings or cousins. Possession of the Easement or verbal agreement does not constitute ownership. A simple call or visit to the cemetery office can put your mind at ease and prevent any complications for your loved ones.

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## MEMORIALIZATION

\_\_\_\_\_ Upright Monument \_\_\_\_\_ Flush granite \_\_\_\_\_ Flush bronze \_\_\_\_\_ Already Arranged

\_\_\_\_\_ Other: \_\_\_\_\_

Inscription: \_\_\_\_\_

Emblem(s): \_\_\_\_\_

The cemetery management must certify the type of memorial chosen is acceptable.

Opening and Closing or Entombment fees: \_\_\_\_\_ Prepaid \_\_\_\_\_ To be determined

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## CREMATION

If cremation what type of disposition? \_\_\_\_\_ Burial \_\_\_\_\_ Niche

