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

CRITICAL INFORMATION

INFOR	MATION F	OR			
Name					
ivaille.		First	Middle	La	ast
Address	z·				
ridares	J	City	County	State	Zip Code
Sex:	Male	Female Home	Phone #:	Cell Phone #	
Face Bo	ook Accoun	t	Social Secu	rity Number:	
Place of	f birth:	City County	State Cou	Date o	f Birth:
Marital	Status: Mar	ried		rriedWidowed	
Name o	of Surviving	Spouse:		(Maiden nam	e if wife)
Occupa	tion:			(Maiden ham	
Employ	ver:				
				Place of Birth:	
Mother	's Maiden N	Same: First	Middle Last	Place of Birth:	
	_	Of Arrangements			
(Ivame)	•	Name		Phone #	
		MILI	TARY SER	RVICE	
Branch	of Service:		Serv	rice Serial Number:	
Date of Dischar	entry: ge of Service	 ce:	Place: Date	:	
Place of	f Discharge:	·	Dutc	•	
Highest	Grade, Rar	ik, Achieved:			
Wars/C	onflicts Ser	ved:			
Additio	nal Informa				
		Honors:			
		Citations:			

Family Information

INFORMATIO	ON FOR			
Name:				
Relationship: _		E-mail:	Phone #:	
Address:	Street	City	State	7:
	Sueet	City	State	Zip
Name:				
Relationship: _		E-mail:		
Address:	Street	City	State	Zip
	Silect	City	State	Zip
Name:				
Relationship: _		E-mail:	Phone #:	
Address:	Street	City	State	Zip
Namas				
Relationship:		E-mail:	Phone #:	
	Street	City	State	Zip
Name:				
Relationship: _		E-mail:	Phone #:	
Address:		C:t-:		7:
	Street	City	State	Zip
Name:				
Relationship: _		E-mail:	Phone #:	
Address:	Street	City	State	7in
	Street	City	State	Zip
Name:				
Relationship: _		E-mail:	Phone #:	
Address:	Street	City	State	Zip
Name:				
Relationship: _ Address:		E-mail:	Phone #:	
Audiess	Street	City	State	Zip

NOTIFICATIONS

INFORMATION FOR		
Name	Relationship	Phone#
	CO-WORKERS	
Name	Company	Phone#
	Membership	in
Name of Organization:		
Contact Person:	Phone #:	Cell#:
Name of Organization:	Dhana #	Cell#:
Contact Person:	Pnone #:	Cen#:
Name of Organization:		
Contact Person:	Phone #:	Cell#:
Name of Organization:		
		Cell#:
Name of Organization:		
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:
Schools:
Work Information:
Member Organizations:
Parish Name:
Parish Committees, Commissions Etc.:
Achievements & Special Honors:

FUNERAL INFORMATION

INFORMATION FOR		
These are my funeral service wishes:		
Funeral Home:		
Address:Street Address	Phone #:	City State
Place of Service:		
Parish Name		
Funeral Mass Memorial Mass		
Cemetery/Chapel Graveside		
Memorial donations may be made to:		
In Lieu of Flowers, Donations to (Home Parish, So	chool, etc):	
Funeral Liturgy:		
Please see Funeral Planning Packet Provided by	Bereavement Ministry	
Participating Organizations at Wake or Committal	Service (military, fraternal, lodge	e, 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 #
Special Instructions/Notes/Award be placed with the remains.	ls/Life Achievement	s/Pictures/Obituary Rec	quests/Items to

CEMETERY INFORMATION

INFORMATION FOR			
Cemetery Preferred:			
Address:Street Address			
Phone #:	City	State	
I Own Prefer			
Type of Burial Rights: Mausoleum	Lawn Crypt _	Ground Burial	_ Columbarium
If Owned, Name of Burial Right Holder is/an	re:		
Legal Description of Burial Rights: Lot #	_ Section	Row	_ Block
Location of Easement:			
When contemplating your final resting place rights for the lot or grave space you wish to a parent or grandparent, rights may be shared Easement or verbal agreement does not conscemetery office can put your mind at ease and	use. If the burial dequally by sibilititute ownership and prevent any c	l rights were original lings or cousins. Pos p. A simple call or vicomplications for you	ly purchased by session of the sit to the
MEMORI			
Upright Monument Flush gran Other:			ly Arranged
Inscription:			
Emblem(s):			
The cemetery management must certify the t	type of memoria	al chosen is acceptab	le.
Opening and Closing or Entombment fees:	Prepaid _	To be determine	ed
CRE	MATION		
If cremation what type of disposition?	Burial	Niche	

$\mathcal{N}OTES$
