



FUNERAL PLANNING SHEET

Your Information

Full Name: _____

Date of Birth: _____

Contact Person #1

Name: _____

Address: _____

Contact Number: _____

Email: _____

Contact Person #2

Name: _____

Address: _____

Contact Number: _____

Email: _____

Funeral Home

Name: _____

Address: _____

Contact Number(s): _____

Email: _____

Funeral Preferences

Casket: YES NO

Viewing: YES NO

Cremation: YES NO

Burial Site: YES NO Plot/Niche No.: _____

Location of Burial Site: _____

SERVICE INFORMATION

Circle One: Church Service Funeral Home Service Graveside

Burial of the Dead: RITE ONE RITE TWO

Celebration of the Eucharist: YES NO

Officiant: _____

Readings

Old Testament: _____ Reader: _____

New Testament: _____ Reader: _____

Psalm: _____ Reader: _____

Gospel: _____ Reader: _____

Music

Organist: _____

Soloist: _____

Other Special Music: _____

Opening Hymn #: _____

Recessional Hymn #: _____

Communion Hymn #: _____

Ringling of the Tower Bells: YES NO

Florist

Name: _____

Contact Number: _____

What time will flowers be delivered to church? _____

Please note:

Only liners for church vases may be removed.

Altar Flowers stay on the altar for the Sunday service.

All pew hangers & other flowers are to be removed by florist or family.

Special Seating.

Reception

Location: _____

Other Information: _____

Church Contact Information:

Rector: Rev. Susan Leight

Address: 601 Church St.

Cambridge, Maryland 21613

Phone: 410-228-3161

Email: office@christchurchcambridge.org