



Funeral Planning Form

3290 W. Milan Ave., Sheridan, Colorado 303-781-6093

Fr. Daniel Cardo office@holynamedenver.org

Deacon Don Schaefer 303-987-0523 or 720-284-2203 denverdeacondon@comcast.net

Name of Deceased

First, Middle, Maiden & Last Name

Address:

Date of Birth _____ Place of Birth _____

Date of Death: _____ Place of Death _____

Was deceased a registered member of Holy Name? ____ Yes ____ No

Spouse's Name _____ Living or Deceased (date) _____

Parent's Full & Maiden Names (for church death register)

Children's names & ages:

Number of grandchildren: _____

Primary Family Contact:

Phone # _____ Email _____

Funeral Arrangements:

Funeral Home _____ Cemetery _____

Name/phone number of Funeral Home contact

Will there be an open or closed casket at funeral home/church? Open Closed

Will there be cremation before or after services? Yes No Before After

Service Prior to Funeral at Funeral Home: Date/Time/Place

____ No service before funeral _____ Vigil Service – no rosary by deacon

____ Rosary by friend/relative

____ Vigil Service with rosary by deacon

Funeral Service: Date/Time Desired _____

____ Mass ____ with body ____ with cremated remains

____ Memorial Mass with no remains ____ Graveside Service Only

Will there be any visiting priest or deacon at Vigil or Mass? _____

Readings at Funeral: (We recommend that readers be active Catholics when possible.)

1st Reading _____ Reader _____

2nd Reading _____ Reader _____

Responsorial Psalm _____

Suggested Gospel Reading: _____

Music at Funeral: Unless otherwise requested, Holy Name's organist/cantor is available. Please confirm Yes / No (See instructions.)

Entrance:

Offertory:

Communion:

Closing: _____

Will the gifts (only wine & bread) be brought forward during the offertory of the Mass by one or more family members? Yes No How many/Who _____

Eulogy: Please make sure the person doing the eulogy reads the guidelines.

Will there be a eulogy at the Vigil or open sharing? Yes No Before Mass? Yes No

Who will give the eulogy at Mass? _____

Will you have a DVD playing at the Vigil? Yes No

Reception: Do you desire a reception? Yes No Will you need the video projector? Yes No

Do you have a designated memorial (in lieu of flowers)? _____

More information:

Please give as much information as you know on **date, name of church & city** for each sacrament:

Baptism _____

Marriage _____

Was the deceased married more than once? Please give details:

First Communion _____

Confirmation _____

Anointing of the Sick _____

Was the deceased a regular churchgoer? _____

Any Military Service? Dates? Places _____

Type of Work/Where Employed _____

Activities/Interests _____

Other personal information: