



## Funeral Planning Form

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Legal Name of Deceased \_\_\_\_\_  
First, Middle, Maiden & Last Name

Residence: \_\_\_\_\_

Was deceased a registered member of Holy Name? \_\_\_\_ Yes \_\_\_\_ No

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Date of Death: \_\_\_\_\_ City of Death \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Living or Deceased (date) \_\_\_\_\_

Father's Full Legal Name (for church death register) \_\_\_\_\_

Mother's Full Legal Name (including maiden name) \_\_\_\_\_

Children's names: \_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Great-grandchildren \_\_\_\_\_

Name of Family Contact: \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Funeral Arrangements:** Funeral Home \_\_\_\_\_

Name/phone # of Funeral Home contact \_\_\_\_\_

Will cremation occur? No Yes Before or After?

\_\_\_\_ **Graveside Service Only**

**Service Prior to Funeral at Funeral Home?** Date/Time/Place \_\_\_\_\_

\_\_\_\_ No service before funeral \_\_\_\_\_ Vigil Service with rosary by deacon

\_\_\_\_ Rosary by friend/relative \_\_\_\_\_ Vigil Service – no rosary by deacon

**Funeral Mass/Word Service:** Date/Time \_\_\_\_\_

\_\_\_\_ Mass \_\_\_\_ with body \_\_\_\_ with cremated remains

\_\_\_\_ Funeral Liturgy Outside of Mass (Word Service)

\_\_\_\_ Memorial Mass with no remains

If casket, will it be open or closed casket at the church? \_\_\_\_\_

Cemetery \_\_\_\_\_ Time/Date of Cemetery Service \_\_\_\_\_

Will there be any non-Holy Name priest or deacon at Vigil or Mass? \_\_\_\_\_

**Readings at Funeral:** (We recommend that readers be active Catholics if possible)

1<sup>st</sup> Reading (Old Testament) \_\_\_\_\_ Reader \_\_\_\_\_

Responsorial Psalm \_\_\_\_\_

2<sup>nd</sup> Reading (New Testament) \_\_\_\_\_ Reader \_\_\_\_\_

Gospel: \_\_\_\_\_

**Music at Funeral:** (See instructions.)

Entrance: \_\_\_\_\_

Offertory \_\_\_\_\_

Communion \_\_\_\_\_

Closing \_\_\_\_\_

Other music requests: \_\_\_\_\_

Will the gifts (wine & bread) be brought forward during the offertory of the Mass? Yes No

Up to 4 persons/Who? \_\_\_\_\_

Do you wish to present a eulogy ? At the Rosary Vigil: Yes No At Mass: Yes No **(Please review guidelines.)**

Who will give the eulogy? \_\_\_\_\_

**Reception:** (For parishioners only) Do you want a reception at Holy Name? Yes No

**Will you have a media presentation at the reception?** Yes No (Please bring laptop.)

**Do you have a memorial designated (in lieu of flowers)?** \_\_\_\_\_

**Faith Life:** Please provide as much information as you can on **date, name of church & city** for each sacrament. This information may be used in the Rosary Service, during the homily, or in the worship aid.

Baptism \_\_\_\_\_

First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Marriage \_\_\_\_\_

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

Recent Anointing of the Sick/by whom? \_\_\_\_\_

Was the deceased a regular churchgoer? \_\_\_\_\_

**Other Information:**

Where did individual grow up? \_\_\_\_\_

# of Siblings? \_\_\_\_\_ When did the person move to Denver? \_\_\_\_\_

Schools/Colleges Attended: \_\_\_\_\_

Military Service? Dates? Places \_\_\_\_\_

Career/Employment Information \_\_\_\_\_

Activities/Interests \_\_\_\_\_

Membership in Organizations? \_\_\_\_\_

When did person begin coming to Holy Name Parish? \_\_\_\_\_

Other personal information:

Names of Pallbearers?