

FUNERAL PRE-PLANNING FORM

	First Name	Middle Name	Last Name	Nickname	
	Address City and State		y and State	Phone No.	
Will there b	oe a viewing/vigil serv	rice at funeral home?	Yes No	-	
If yes, please	e provide location	Will there b	ea a scripture service?	Y/N Scripture & F	Rosary _Y/N
WOULD YO	OU LIKE FAMILY O	R FRIENDS TO:			
Proc	claim Scripture (Must	be practicing Christian)	Yes No N	ame	
Lead	d the Rosary: Y	es No	Name		
FUNERAL	MASS:				
Body presen	t	Cremated remains present	·		
WOULD YO	OU LIKE FAMILY O	R FRIENDS TO:			
Proc	claim Scripture (Must	be practicing Christian) Yes	S No		
Nam	ne of 1 st Reader and th	eir relationship to you			
Nam	ne and 2 nd Reader and	their relationship to you			
Be C	Giftbearers Yes	No Names _			
Scripture:	1st Reading – Old	Testament			
	1 st Reading – During Easter(Easter Sunday to Pentecost Sunday)				
	Responsorial Psalm				
		w Testament			
	Gospel Reading _				
Hymns:					

COMMITTAL/BURIAL:	City/State:	(See other side
BIOGRAPHICAL INFORMATION:		
Date of Birth: Date of Death:	Place of Birth (City, State):	
Spouse's Name:	_ Date married:	
Is Spouse Deceased? Yes No		
Names of deceases siblings (Living or Dece	eased):	
Names of children and their spouses:		
Number of Grandchildren:	Number of Great-grandchildren:	
Moved to Arizona in what year	Moved from city, state	
Occupation	Retired from	
Member of church/community organizations	s/ministries :	
Interests/Hobbies:		
Military Service and Rank:		
How would friends/family describe you:		
Date form filled out: Rev: FG 05/24/2023		
	r important records and give a copy to your next of ki anning arrangements with a mortuary, you may also le	