

Funeral Intake / Service Form

Details about Deceased - To be filled out by family

Name of Deceased: _____
(Legal first and last)

Date of birth: _____ **Date of death:** _____

Age: _____ **Next of Kin Name:** _____

Next of Kin Relationship to deceased: _____

Parishioner? **Yes** **No** **Live-Stream?** **Yes** **No**

Other surviving family members (name and relationship):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Last address of residence:

Street Address: _____
City: _____ State: _____ Zip: _____

Contact Information

Contact Name: _____

Relationship to Deceased: _____

Contact Phone #: _____

Contact Email Address: _____

Contact Address:

Street Address: _____
City: _____ State: _____ Zip: _____

Notes: _____

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Service Details - Office Use Only

Funeral Planning Meeting: _____

Service details to be kept private? Yes No

Vigil Details

Date and Time: _____

Celebrant: _____

Place: _____

Other Details: _____

Funeral Service Details

Funeral Date and Time: _____

Funeral Service Type: _____

Funeral Celebrant: _____

Burial Details

Cemetery: _____

Date and time: _____

Type (cremated remains / casket): _____

Celebrant: _____

Reception Details

Place: _____

OLOL Funeral Luncheon Ministry? Catered?

Date and time: _____ Number Expected: _____

Other details: _____

Additional Details / Notes: _____
