



St. Patrick Parish – Fallowfield

Funeral Liturgy Planning

Planning Meeting: _____

Full name of Deceased: _____

Deceased Known as: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Mother's Name (maiden name): _____

Date of Death: _____

Place of Death: _____

Next of Kin: _____

Relationship to deceased: _____

Date of Funeral: _____

Funeral Home: _____

Urn: _____ Casket: _____ Pall: Yes _____ No _____ Reserved Pews _____

Mass in Memory: _____ Member of CWL / KofC: _____

Burial Information: _____

Contact Person: _____

Relationship to Deceased: _____

Phone numbers: _____

Email address: _____

Reception Information: _____

Caterer: _____

Caterer arriving at: _____

Musicians: _____

Notified: _____

Servers: _____

Notified: _____

Notes: