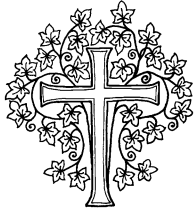


BURIAL OF THE DEAD:



Funeral for: _____

Planned by: _____

Date of planning meeting: _____

Full Name of the deceased: _____

Date of Birth _____ Date of Death _____

Date and time of the rite: _____

Presider: _____

TYPE OF SERVICE

_____ Requiem Eucharist _____ Burial Office _____ Committal

Location: _____

SCRIPTURE READINGS:

Reader

Old Testament _____

Psalm _____

New Testament _____

Gospel _____

FAMILY SPEAKER

_____ Yes _____ No

MUSIC

_____ Yes _____ No

Organist: _____

Soloist/Choir: _____

Hymns: _____

MEMORIAL OFFERING _____

CEMETERY: _____

FUNERAL HOME: _____ CALLING HOURS: _____

COLLATION: _____

