



Funeral Arrangements

Full name of Deceased: _____

Date of Birth: / / Date of Death: / /
 dd mm yyyy dd mm yyyy

This form was prepared by: _____

1. Rite I or II (circle one)
2. Eucharist Yes No (circle one)
3. Old Testament Reading: _____
 a. To be read by: _____
4. Psalm: _____
 a. To be read by: _____
5. New Testament Reading: _____
 a. To be read by: _____
6. Gospel: _____
7. Will there be a Family Response: Yes No (circle one) If yes,
 a. To be read by: _____
8. Is an Organist needed? Yes No (circle one)

If yes, a schedule of fees can be provided.

9. Hymns: (Cross out those hymns you will NOT be using).
 a. Opening Hymn # Title: _____
 b. Gradual Hymn # Title: _____

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c. Sermon Hymn	#	Title:
d. Offertory Hymn	#	Title:
e. Communion Hymn	#	Title:
f. Post-Commn Hymn	#	Title:
g. Recessional Hymn	#	Title:

10. Is there a Poem or Obituary you wish to be printed in the bulletin?

Yes No (circle one)

11. Number of bulletins needed: _____

12. Funeral Home to be used: _____

a. Person to contact: _____

b. Phone: _____

13. Is there to be a Wake? Yes No (circle one) If yes, which days and times?

Days: _____ Times: _____
(1st, 2nd, 3rd) (2-4, 7-9)

14. Flower Arrangements:

Church to arrange? Yes No (circle one)

a. If yes: name of Florist: _____

b. Phone: _____

15. Would you like to have a reception in the Parish hall? Yes /No (circle one)

If yes, a schedule of fees can be provided.

a. If yes: Person to contact: _____

b. Phone: _____

16. Need Ushers / Eucharistic Ministers / Altar Guild / Sexton ? (circle all needed)

If you have any questions, please contact our Parish Administrator,
Stacy Bauman at 516 922 6377 or email office@christchurchosterbay.org.

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FAMILY MEMBERS:

Main contact person: _____

Phone: _____

Relationship: _____

Survived by: _____

Husband/Wife (circle one
or fill-in: _____

Children: # _____

Names: _____

Grandchildren: # _____

Names: _____

Great Grandchildren: # _____

Names: _____

Others: _____

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