



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 Rector, The Rev. Dr. Peter Casparian at 516 922 6377 x102 or email rector@christchurchoysterbay.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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