

All Saints Anglican Church
Funeral Planning Form

Full Name: _____

Contact Person and Number: _____

Date of Birth : _____

Place of Birth: _____

Baptized: ___y ___n Confirmed: ___y ___n

Funeral Home: _____

Body/Remains in Church: ___y ___n

Type of Service:

Burial Office: _____

Psalms: _____, _____

Requiem:

Said: _____ Sung: _____

Homily: ___y ___n

Pallbearers: ___y ___n Music: ___y ___n
Hymns: _____

Prelude Music: _____, _____, _____

Processional: _____

Gradual: _____

Homily: _____

Recessional: _____

Burial:

All Saints Memorial Garden: : _y ___n Other: _____

Reception:

All Saints Parish Hall: ___y ___n

Other: _____

(List Pallbearers on reverse side of this sheet)

Pallbearers

_____	_____
_____	_____
_____	_____

Honorary Pallbearers

Clubs: _____, _____, _____.

Individuals : _____

_____	_____
_____	_____