

**St. Paul Parish
Funeral Planning Sheet**

Funeral Date: _____ **Time:** _____ **Type:** _____
Deceased Name: _____ **Common Name:** _____
Date of Birth: _____ **Date of Death:** _____

Contact: _____ **Relationship:** _____
Address: _____

Street

City, State, Zip

Home Phone: _____ **Cell/Day Phone:** _____ **Email:** _____

Family Registered at St. Paul Parish? **Yes** **No** **Please See Notes**

Immediate Family Members:

Name: _____ **Relationship:** _____

Funeral Home: _____

Address: _____

Street

City, State, Zip

Telephone Number: _____ **Email:** _____

Wake Date: _____ **Wake Time:** _____

Wake Officiant: _____ **Burial Officiant:** _____

Burial Date/Time: _____ **Burial Place:** _____

Special Notes:

