



Parish Offices
225 Seven Farms Drive, Suite 100
Daniel Island, SC 29492
843.471.2121
clare.church

FUNERAL PLANNING WORKSHEET

Kindly complete this form and return it to the Pastor as soon as possible.
You may scan and email it to gwest@clare.church.

FULL NAME OF DECEASED _____

Name should be as it would appear on the printed Order of Worship

Date of Birth _____ Date of Death _____

Date of Funeral _____ Time _____ Priest _____

Location of Funeral _____

Name of Spouse (if applicable) _____ Living Deceased

Name and Relationship of Primary Contact for Making Arrangements _____

Phone _____ Email _____

Name(s) of Children (if applicable) _____

Sacraments received by the Deceased in past month, if known _____

ARRANGEMENTS HAVE BEEN MADE WITH

Name of Funeral Home _____

Contact Person at Funeral Home _____

FUNERAL ARRANGEMENTS (check all that apply)

A. In church: Funeral Mass Memorial Mass (no body or cremains present)

B. Other options: Graveside Service Service at funeral home only

WILL THE DECEASED BE CREMATED? Yes _____ No _____

If "Yes", will cremation occur before or after the Funeral?

BURIAL

Name of Cemetery/Columbarium _____

City & State _____ Date of Burial/Inurnment _____

Will you have a Vigil Service? Yes No

What is the location of the Vigil Service? _____

Date of the Vigil Service _____ Time of the Vigil Service _____

FUNERAL MASS or MEMORIAL MASS

PREFERRED READINGS AND MUSIC

PLEASE WRITE SCRIPTURES & SONG TITLES IN THE APPROPRIATE SPACES.

If unsure or no preference, you may leave the space(s) blank.

of Copies of Order of Worship to Print _____

Processional Hymn _____

1st reading (Old Testament) _____

2nd reading (New Testament epistle) _____

Gospel _____

Preparation of the Gifts Hymn _____

Will family members be presenting the gifts during the offertory procession? ___ Yes ___ No

Anything special to be included in the intercessions? _____

Communion Hymn _____

Communion Meditation Hymn (optional) _____

Recessional _____

Will family or friends be hosting a reception elsewhere for guests following services? ___ Yes ___ No

If yes, would you like us to include the information in the printed Order of Worship? ___ Yes ___ No

Details of reception (location, time, etc.): _____

Other Notes

