

St Mark's 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/Cremains in Church: ___ y ___ n

Type of Service:

Burial Office: ___

Psalms: _____

Requiem:

Said: ___

Sung: ___

Pallbearers: ___ y ___ n

Homily: ___ y ___ n

Music: ___ y ___ n

Hymns:

Processional: _____

Gradual: _____

Homily: _____

Recessional: _____

Burial:

St Mark's Memorial Garden/Columbarium: ___ y ___ n

Other: ___ y ___ n

Reception:

St Mark's Parish Hall: ___ y ___ n

Other: ___ y ___ n

Memorial Contributions:

