



St. Elizabeth Ann Seton Parish

Richmond, IN Archdiocese of Indianapolis

FUNERAL ARRANGEMENT FORM

Name of the Deceased _____ Parishioner: Yes NO

Church/Campus _____ Date: _____ Time: _____

Priest/Presider _____

Cemetery _____ Cremated:

Funeral Home _____

Calling _____ Funeral Home Service: _____

Family Contact _____

Organist/Musician _____

Requested music 1) _____ 2) _____

3) _____ 4) _____

1st Reading _____ Read by: _____

Responsorial _____ Sung by: _____

2nd Reading _____ Read by: _____

Gospel _____ Read by: _____

Prayer of the faithful _____ Read by: _____

Eulogy _____ Read by: _____

Servers _____

Offertory gifts _____

Communion Ministers _____

Funeral Meal Yes No How many: _____ Venue: _____

For office use

Website

Sacristan

School

Records

