Funeral Checklist

Funeral Name: _____
Name and postal address of bereaved: _____
Date of Death: _____

Clergy person in charge: _____
Date and Time Requested: _____
Modified Date and Time (if needed): _____
Approved by Clergy: _____
Contact Name and Info (email, cell, etc.): _____
Spaces (Date and Time)
Church (no charge, if parishioner, otherwise see Clergy person in charge): _____
Other spaces (fee as needed):* _____
*Fees are optional, and will be determined by the clergy.

Tasks

Adjust Cooling/Heating Settings
Location Begin End
Church (Secretary)
Parlor (Sexton)
Other (specify):
Parish hall Configuration for after service (Sexton)
Funeral Parking Signs (Sexton) Make sure "Funeral Parking only" signs are in the stands
Location Time (and date) to put out Time (and date) to take in

Date and Time of Arrival of Flowers: _____
Door at which flowers will arrive: _____
Staff assigned to monitor: _____

Date and Time of Arrival of Body/Remains: _____
Door at which Body/Remains will arrive: _____
Staff assigned to monitor: _____

Date and Time of Arrival of Funeral Director (if separate from body/remains):
_____
Door at Funeral Director will arrive: _____
Staff assigned to monitor: _____
Materials needed (tables, etc.): _____

Date and Time of Arrival of Family: _____
Door at which family will arrive: _____
Staff assigned to monitor: _____

Date and Time of Caterer: _____
Door at which Caterer will arrive: _____
Staff assigned to monitor: _____

Additional Personnel:
Additional Clergy: _____
Vergers: 1. _____ 2. _____
Sacristan: _____
Ushers: 1. _____ 2. _____
tell ushers to arrive 1 hour before
Funeral Reception Set-up/Clean-up: _____
Caterer Parish Hall name and phone:_____

Funeral Planning
Funeral Plan on file? (Y/N): _____

Funeral Planning (attach separate form) (Clergy and Musician)
Done by: _____ Time and Date: _____

Bulletins (attach a final copy)
Number of copies: _____ By when: _____

Funeral policies and fees
How shared (email, in person, etc.): _____
By whom: _____
Fees agreed to (amounts): Musician: _____ Sexton: _____

Funeral: _____
Viewing and/or Reception: _____
Clergy (if non-parishioner)* _____

Funeral Co-Ordinator: _____

Please list other family members and addresses here;