St Luke's Funeral Check List Updated October 2020

1. <u>Decease's Information:</u> Full Name of deceased: Date of Birth _____ Gender Date of Death _____ Age ____ Cause of Death: 2. Family Information Next of Kin: _____ Ph No: _____ Relationship to deceased: Street Address: _____ City/Town: ____ Postal Code: Family Contact for Funeral Arrangements: Ph No. e-mail address; 3. Service Officiants/Contacts: Minister: _____ Lay Person: _____ Other: _____ Ph No.: _____ Additional Officiant: Ph No.: Location: 4. State of Remains: 5. Type of Funeral Service: Casket _____ Open ____ Closed ____ Cremation ____ No Remains: _____ Remains Donated to Science _____ Transport of Remains by: _____ Church Funeral Home Grave Side Service Home: Other (specify) _____Town/City: _____ Location: Street:____ Postal Code: Ph No: Additional Info: 6. Mileage Cost: When the Minister or Officiant is asked to perform a funeral/memorial service or committal 5 kilometers from St Luke's, the Minister or Officiant will be reimbursed for mileage at a rate as per the United Church guidelines for mileage for the travel to the location and return.

St. Luke's to location of service/committal $\underline{}$ $x(2) x(\$0.50) = \underline{}$

7. <u>Funer</u>	al Home information:			
Name of Fune	ral Home:	Ph. No		
Contact Name	:	Ph No		
8. <u>Burial</u>				
Funeral Home to arrange: St Luke's to arrange:				
		Location:		
Location of B	urial:			
Opening and C	Closing of Grave arrang	ed by:		
O \$71.14	e and i			
	tion (Wake):	T'		
Yes: No	o: Dates:	Times:		
		Church: Home:		
visitation arra	ngements:			
Ph. No 11. Obitus The Family is Prepared by:	ary & Funeral Notice I responsible for the prep	Prep: paration of the obituary and Funeral Notice.		
10 D II (
12. Bulleti		Characte (D.C.W)		
		r: Church (B&W)		
		s Provided by:		
Pn No.				
12 Dayyay	Daint Duagantation.			
	Point Presentation :	DI. No.		
Prepared by:		Ph No:		
11 Itams	for Front of the Churc	oh with Ramains:		
·				
	Provided by:			
	Provided by:			
Provided by:	y):			
riovided by:		rii No:		

15. <u>Music:</u>

Music Director	Ph No:
Other Musician	Ph No:
	Ph No:
Soloist	
Other(s)	Ph No
16. Music Selections:	
Hymns (Limit to 4)	
Special Music:	
45 5 4 6 1	0.1
17. <u>Readings</u> : Scripture: Specify	
Reader Name(s)	
18. Pallbearers:	Honorary Pallbearers:
(Persons to carry the casket)	(Persons who do not carry casket)
	_
	_
	_
Urn Carrier:	
19. Ushers & Phone No:	
	Ph No:
Ushers to reserve seats for family. No of R	Rows needed (11 per row):
20. Sound Room and Lights:	
	Ph No:
	Ph No:

21. Folks to hand out Bulletins:

	Ph No:
	Dh Ma.
22 Poultings	
22. <u>Parking:</u>	Ph No:
	D1) I
	701 3.7
	ergency number) to inform them of street parking:
Yes No	
Reserve 6 to 8 parking spots for family	in parking lot.
23. Reception:	
Will there be a reception following fune	eral: Yes No
Location of Reception:	
-	Private Caterer
	Ph No:
Details of reception requirements. If St.	Luke's is responsible:
24. Memorials:	
Identify Churches, Charitable Organizat	tions and other:
25. <u>Card Holder</u> Yes No _	Provided by:
26. Guest Book Yes No _	Provided by:
Located at Visitation: Fu	neral: