

FAMILY CHECK LIST

DECEASED: _____ DATE OF DEATH: _____ VETERAN YES / NO _____

CHAPEL: _____ FUNERAL DIRECTOR: _____ SET UP BY: DAY _____ TIME: _____

FUNERAL HOME

1. Death certificate information _____
2. Obituary information _____
3. Provide clothing by _____
4. Hairdresser _____
5. Valuables: Please bring all valuables in at time of viewing. _____
6. Sign necessary authorizations _____
7. Tissue Donation (877) 733-3700 _____
8. Minister/Church _____
9. Address _____
10. Phone _____
11. Fax # _____
12. Clergy Card Amount _____
13. Family to contact _____
14. Funeral Director to contact _____

FUNERAL STAFF

Place _____ Time _____

VEHICLES STAFF

____ LEAD _____

____ HEARSE _____

____ LIMO _____

____ VAN _____

____ TO CHURCH EARLY _____

____ PARKING LOT F.H. _____

____ PARKING LOT OF CHURCH _____

CEMETERY

Day _____

Time _____ Date _____

1. Cemetery _____
2. Phone _____
Address _____
3. Minister _____
4. Honor Guard _____
5. Open & Close _____
6. Burial Transit Permit _____
7. Temporary Marker _____
8. Ingrave Marker _____

VISITATION DAY

Times _____ # of Days _____

Day _____ Date _____

Place _____

DAY OF SERVICE

Place _____ Time _____

Day _____ Date _____

MERCHANDISE

Register Book _____

Amt. _____ Prayer Cards # _____ Prayer # _____

Amt. _____ Memorials: Prayer/Photo # _____

Amt. _____ Thank You Cards # _____

Casket _____

Vault/Urn _____

Flowers _____

Florist _____

Monument _____

Family Pouch _____

Flag Pouch _____

Gloves _____ Amt. _____

Crucifix _____ Amt. _____

Rosary _____ Color _____

Dove Release _____

Video Tribute _____

Balloon Release _____

Urn Chariot _____

Other _____

Other _____

FUNERAL STAFF

1st Visit _____

2nd Visit _____

1. Escort _____ Time _____
2. Time of Pick-up _____
3. Place of Pick-up _____
4. Time to meet at Church or Chapel _____
5. Gather in Chapel or Private Room _____
6. Family to meet with Minister for prayer _____
7. Pallbearers: Staff/Family _____
8. Gifts _____
9. Reading 1. _____
10. Reading 2. _____
11. Songs _____

FAMILY TO ARRIVE ONE HOUR PRIOR TO GUEST
STAFF TO ARRIVE ONE HOUR PRIOR TO FAMILY

1. Set up Chapel or Parlor _____
2. Music Family / F.H. _____
3. Service Board _____
4. Flowers _____
5. Displays (Pictures, etc.) _____
6. Service Time _____
7. Flag draped or folded _____
8. Review service with Family _____

12. Casket opened or closed
F.H. _____ Church _____
13. Family to remain in Chapel for closing _____
14. Make announcement at Chapel,
cemetery or both _____
15. Family to exit Chapel first or last _____
16. Who receives:
Crucifix, Rosary, Flag, Pouch _____
17. Will family stay for lowering of casket _____
18. Family pouch given at Church, Chapel
Cemetery/delivered _____
19. Disposition of flowers _____

HONORARIUMS

List of donations to be made to (not service charges):
(Envelopes provided by funeral home) Amount

____ PRIEST, Wake \$100-\$150 _____

____ Funeral Mass \$150-\$200 _____

____ Graveside \$100-\$200 _____

____ MINISTER, Church \$150-\$200 _____

____ Graveside \$100-\$200 _____

____ RABBI \$450-\$650 _____

____ ORGANIST \$75-\$100 _____

____ VOCALIST \$75-\$100 _____

____ SERVER (Catholic) \$50-\$75 _____

____ READER \$50-\$75 _____

____ DEPUTY ESCORT \$100-\$150 _____

____ HONOR GUARD \$150-\$200 _____

____ HAIR DRESSER \$100-\$150 _____

____ Other _____

NOTES

20. Family gathering after service
Place _____
21. Follow up scheduled _____

Contract Total \$ _____	Contract Number _____
Form of Payment _____	