

Christ and St. Luke's Church Funeral Planning

Full Name: _____

Date/Time of Service:_____

Place of Service: Church or Chapel

Funeral Home:

Name of Nearest Relative:_____

Cell: _____

Contact for Memorial Gifts (Name and Address):_____

Reception Address:

Service: Burial Rite I or Burial Rite II

Holy Eucharist: Yes or No

Scripture Readings:_____

Hymns:_____

Additional Music:_____
