

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 _____

DAY OF SERVICE

Place _____ Time _____

Day _____ Date _____

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 _____
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, Rosery, Flag, Pouch _____
17. Will family stay for lowering of casket _____
18. Family pouch given at church, chapel, cemetery/delivered _____
19. Disposition of Flowers _____
20. Family gathering after service
Place _____
21. Follow Up Scheduled _____

CEMETERY

Day _____
 Time _____ Date _____

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

VISITATION DAY

Times _____ # of Days _____

Day _____ Date _____

Place _____

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. Memorials _____
7. Service Time _____
8. Flag draped or folded _____
9. Review service with Family _____

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 _____

NOTES

HONORARIUMS

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

_____ PRIEST - Wake - \$125-\$150 _____

_____ Funeral Mass - \$125-\$175 _____

_____ Graveside - \$125-\$175 _____

_____ MINISTER - Church - \$100-\$200 _____

_____ Graveside - \$35-\$100 _____

_____ RABBI - \$450 - \$650 _____

_____ ORGANIST - \$100 - \$150 _____

_____ VOCALIST - \$100 - \$150 _____

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

_____ READER - \$50-\$75 _____

_____ DEPUTY ESCORT - \$100-\$150 _____

_____ HONOR GUARD - \$150-\$200 _____

_____ HAIR DRESSER - \$75 - \$100 _____

_____ Other _____

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