

Holy Family Catholic Church

Bereavement Luncheon Planner

Name of Deceased _____

Family Contact: _____

Telephone Number: _____

Funeral Date: _____ Time: _____

Expected Number Attending: _____

Table for Pictures: Yes No

Food Allergies: Yes No

If yes, please name: _____

Coffee & Desert Assortment Only

Luncheon with Entrée, appropriate sides, bread & desert

*Although there is no charge for this service, a donation to the Bereavement Committee is
welcome and appreciated.*