

Holy Family Catholic Church

Bereavement Luncheon Planner

Name of Deceased _____

Family Contact: _____

Telephone Number: _____

Funeral Date: _____ Time: _____

Place of Interment: _____

Expected Number Attending: _____

Table for Pictures: Yes No

Food Allergies: Yes No

If yes, please list: _____

Luncheon Preferences:

Coffee & Dessert Assortment

Appropriate Meal

Catered Luncheon at Family Expense (*Bereavement Committee volunteers will assist with catered luncheon.*)

Audio/Visual presentations provided by Funeral Home

A donation to the Bereavement Committee for services provided is appreciated.