Child/Infant Funeral Planning Form

Child/Infant Full Name
Date of Birth
Date of Death
Ago at Time of Dagging
Age at Time of Passing
Parent(s)/Guardian(s) Name(s)
Contact Number
Email Address
Type of Service ▼
Preferred Date of Service
Treleffed Date of Service
Preferred Time of Service
Service Venue / Location
Officiant / Clergy

Special Requests / Traditions

Music / Hymns	
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Readings / Poems	
Treadings / Forms	
Tributes / Speakers	
Thouse 7 Opeakers	
Floral Arrangements	
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Memorial Items (e.g., photos, toys)	
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Additional Notes	