

Child/Infant Funeral Planning Form

Child/Infant Full Name

Date of Birth

Date of Death

Age at Time of Passing

Parent(s)/Guardian(s) Name(s)

Contact Number

Email Address

Type of Service

Preferred Date of Service

Preferred Time of Service

Service Venue / Location

Officiant / Clergy

Special Requests / Traditions

Music / Hymns

Readings / Poems

Tributes / Speakers

Floral Arrangements

Memorial Items (e.g., photos, toys)

Additional Notes