



St Andrew's Church, Randburg

FUNERAL At St Andrew's

Day: _____ Date: _____ Time: _____

Undertakers: _____ Priest: _____

Name of Deceased: _____

Known as: _____ Date of death: _____ Age: _____

Date of birth _____

Next of Kin: (*relationship in brackets*)

Postal address: _____

Contact No's: (cell and landline(s))

E-mail address: _____

Names of chief mourners (*put relationship in brackets*)

Contact Person for organisation of funeral: (*Relationship in brackets*)

Name _____

Telephone _____

E-mail address _____

THE SERVICE

Cremation Burial / Requiem Pall Bearers: none/out only/in and out Music: yes/no

Flowers _____

Livestream Yes/No _____ Stream Recorded Yes/No _____

Hymns: 1) _____

2) _____

3) _____

.....4) _____

Special Psalm: _____

Scripture Reading: _____

Tribute: _____

Clergy comments: _____

Ashes to be interred in the Garden of Remembrance: Yes / No

Plaque to be ordered: Yes / No

Ashes interred by: _____

On (date) _____ (time) _____