

# Funeral Planning Checklist

FOR: \_\_\_\_\_

CHILD OF: \_\_\_\_\_

## Questions for parents to answer:

Burial or cremation: \_\_\_\_\_  
Timeline/Date/Time of day: \_\_\_\_\_  
Location/type of location: \_\_\_\_\_  
Officiant: \_\_\_\_\_  
Who to invite: \_\_\_\_\_  
\_\_\_\_\_  
Religious/non-religious: \_\_\_\_\_  
Specific readings, music, poetry: \_\_\_\_\_  
\_\_\_\_\_  
Refreshments?: \_\_\_\_\_  
Gathering after funeral?: \_\_\_\_\_  
Additional preferences: \_\_\_\_\_  
\_\_\_\_\_

## Budget:

Burial/cremation services: \$ \_\_\_\_\_  
Funeral director: \$ \_\_\_\_\_  
Officiant: \$ \_\_\_\_\_  
Location rental: \$ \_\_\_\_\_  
Programs: \$ \_\_\_\_\_  
Decorations: \$ \_\_\_\_\_  
Refreshments: \_\_\_\_\_  
Photography/videography: \$ \_\_\_\_\_  
Miscellaneous: \$ \_\_\_\_\_  
Total budget: \$ \_\_\_\_\_

## Paying for the funeral:

Does your life insurance policy offer coverage for your child? ☐ Yes ☐ No  
Does your hospital offer any services? ☐ Yes ☐ No  
Does your funeral home offer discounts for childrens' funerals? ☐ Yes ☐ No  
Have you looked at charitable options? ☐ Yes ☐ No  
Do you have personal funds available? ☐ Yes ☐ No  
Would you like to set up a GoFundMe or similar fundraiser? ☐ Yes ☐ No  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## Thoughts on Burial & Cremation:

Do you want your child embalmed? ☐ Yes ☐ No  
Do you want your child's body present during the funeral or memorial service? ☐ Yes ☐ No  
If yes, do you want an open casket? ☐ Yes ☐ No  
Is there a physical location that is meaningful to you for burial or for scattering of ashes?  
If yes, will you remain physically near this location throughout your life? ☐ Yes ☐ No  
If you choose burial:  
Do you prefer a cemetery with or without a religious association? ☐ Yes ☐ No  
Do you prefer a cemetery with or without a childrens' section? ☐ Yes ☐ No  
What are the cemetery policies regarding visitation, headstones, plants, and decorations?  
\_\_\_\_\_  
Have you reviewed & do you agree with the other cemetery policies? ☐ Yes ☐ No  
If you choose cremation:  
Do you want to scatter, bury, or keep your child's ashes? \_\_\_\_\_  
If you keep your child's ashes, do you have a plan for disposition after your death? ☐ Yes ☐ No  
Do you want to use your child's ashes in tattoos or jewelry, either now or in the future? ☐ Yes ☐ No  
Would you like to view the cremation process? Does the crematoria allow this? ☐ Yes ☐ No  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## Potential ceremony elements:

Visitation prior to ceremony	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Include refreshments in visitation _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have casket present during visitation or ceremony	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Open casket?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Welcome or introduction by officiant or funeral director	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The story of your child and your family	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eulogy or eulogies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Given by: _____				
Prayers, passages, poetry, quotes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
List: _____				
Meditation or moment of silence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Music	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
List: _____				
Formal religious or spiritual elements:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
List: _____				
Time for impromptu eulogies or comments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Meaningful or symbolic group activity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ideas: _____				
Informal gathering after ceremony	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Notes: _____				

## Additional considerations:

Suggested dress:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Traditional dark colors <input type="checkbox"/> Bright colors <input type="checkbox"/> Other: _____				
Type of food:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Coffee/pastry <input type="checkbox"/> Hot finger foods <input type="checkbox"/> Other: _____				
Do you want a funeral program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you want guests to sign a guestbook?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you want photography/videography?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Decorations:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Photos/Mementos <input type="checkbox"/> Balloons <input type="checkbox"/> Stuffed Animals/Toys <input type="checkbox"/> Flowers				
<input type="checkbox"/> Other meaningful items: _____				
Do you want to distribute meaningful or symbolic items at the end of the service?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Flower seeds/seedlings <input type="checkbox"/> Bookmarks/Prayer cards <input type="checkbox"/> Acts of kindness cards				
<input type="checkbox"/> Other: _____				
Do you want to collect charitable donations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Toy/food/clothing drive <input type="checkbox"/> Funds towards a meaningful charity: _____				
<input type="checkbox"/> Other: _____				
Notes: _____				



Adapted from the detailed funeral planning guide available at:  
<https://adrianjameshernandez.com/rblog/planning-your-babys-funeral-memorial-service/>

View all of our FREE resources at:  
<https://adrianjameshernandez.com/resources-for-bereaved-families/>

