

**ST. JOSEPH CATHOLIC CHURCH (LIBERTYVILLE, IL) FUNERAL PLANNING FORM**

Name of Deceased  Present Age

Date of Birth  Date of Death

FUNERAL MASS ☐ MEMORIAL MASS ☐

Place St. Joseph ☐ Other

Date  Time  Casket Cremains Neither

Presider

Concelebrant(s)

Deacon  Homilist

Pallbearers

Placing of the Pall

Family Contact Person *If contact person for planning is not the local contact for All Souls' Invite, please provide.*

Name

Address

Relationship  Phone

Email  Cell

Spouse or Family Members

Bereavement Lead  email  Cell

Bereavement 2nd  email  Cell

Funeral Home McMurrrough Burnett-Dane Other

Wake Yes No Date  Time

Wake in Narthex ☐ Location of burial

**MUSIC MINISTERS**

Cantor  Accompanist

Soloist

*(for soloist only, do not use for Cantor)*

\*\*\*Include contact information for Soloist

First Reading    Reading #     Scripture Citation

READER

Second Reading    Reading #     Scripture Citation

READER

Gospel Reading #     Scripture Citation

**Universal Prayer**

(Prayer of the Faithful)    Name preferred

*especially for*

READER

GIFT BEARERS

WORDS OF REMEMBRANCE YES ☐ NO ☐ PRESENTER

MUSIC  TITLE/COMPOSER

Entrance

Psalm

Offertory

Communion

Meditation

Commendation

Sending

Estimated number of attending

Military Honors    Church ☐

Cemetery ☐

Knights of Columbus Wake ☐

Women's Ministry Prayer Service ☐

All Souls  
Photo Received ☐

*Revised 05/2025*