FUNERAL PLANNER

Name of Deceased:		Age: Date of
Deceased:First Nearest	Middle Last	Age Beati
		Phone:
Address:		Phone:
VISITATION Day:	Time:	Music Requests (4-5):
Director:	Phone:	
Funeral Home:		
Address:		
FUNERAL MASS	Date:	
Place:		Notes:
1st Reading from the Old	Testament (pg. $1-10$)	
	Read by:	
2nd Reading from the Nev	w Testament (pg. 11 − 29)	
	Read by:	
Reading from a Gospel (p	og. 30 – 50)	
	Read by: Priest or Deacon	
Petitions: (pg. 51)	Read by:	
Gift Bearers:		
Eulogy (3-5 Minutes):		
INTERMENT		'
Cemetery:	Approx. Time:	Notes:
LUNCH		
	Approx.	D 1 F . 1 #
Place:	11me:	People Expected: #