

ST. MARY MAGDALENE PARISH
Funeral Planning Sheet

Deceased: _____

Date of Funeral _____ **Time** _____

Preferred Name: _____

Celebrant: _____

Planning date: _____ **Church:** _____

Family members present: _____

Date of Birth: _____ **Date of Death** _____

Funeral Home: _____

Visitation: Date: _____ **Time:** _____

Cemetery: _____ **Date & Time of Burial:** _____

Body Present: yes / no **Cremated Remains Present:** yes / no

Optional Words of Remembrance: yes / no **Given by:** _____

4 minutes maximum, text presented to presider ahead of time.

Placing of the Pall: Family / Bereavement

Scripture Readings:

First (Old Testament): _____ Read by: _____

Responsorial Psalm: _____ or chosen by Music Director

Second (New Testament): _____ Read by: _____

Gospel: _____

Prayer of the Faithful to be read by: _____

Bringing up the Gifts: _____

Eucharistic Ministers: plate: _____ cup: _____

Servers _____

Music Recommendations

List suggestions without placing in order of service, music director will choose placement of appropriate music.

Number of Programs requested: _____

Name of Deceased for front of program: _____

Front of the program: picture of deceased / symbol

Live Streaming requested: yes / no

Prayer Shawl Given: yes / no

St. Veronica Only:

Luncheon Requested: yes/no (Monday through Friday)

Number of Guest expected: _____

Medium Meat & Cheese Tray serves 12-16 guests \$35/tray # _____

Large Meat & Cheese Tray Serves 16-20 guests \$42/tray # _____

Follow-up Care

St. Andrew-Stephen Ministries: yes / no Name: _____

St. Veronica and St. EA Seton- Care Notes

Relationship: _____

Address: _____

Telephone: _____

Email: _____

All Souls Remembrance (nearest Saturday to Nov. 2)

Remembrance of those who passed between Nov. 1-Nov. 1 yes / no

If death is in October, invitation given by hand, RSVP asked yes / no

PERSONAL NOTES FOR CELEBRANT regarding the DECEASED:

Married: yes / no How long: _____ Spouse: living or deceased

How many children: _____ How many grandchildren: _____

Children's

names: _____

Great Grandchildren: _____

Information about the decedent should be filed out on the sheet "Questions when meeting with families . . ."

Veteran: yes / no Branch of Service: _____

Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Relationship to Deceased: _____

Bereavement Committee:

Prepared By: _____ Date: _____