

Funeral Planning Form

Intake Info

Deceased	Funeral Date	Time
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Contact	Phone	Email
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Clergy	Funeral Home
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Cantor	Accompanist
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Deceased: <input type="checkbox"/> Casket <input type="checkbox"/> Urn	Notes:
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Vigil

Service: <input type="checkbox"/> Evening Prayer <input type="checkbox"/> Rosary <input type="checkbox"/> Vigil	Date	Time
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Celebrant	Location	# of People
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Mass - Procession and Introductory Rites

Vestment Color: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Purple	Deceased: <input type="checkbox"/> Casket <input type="checkbox"/> Urn
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Pall Bearers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Altar Servers: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Greeting: <input type="checkbox"/> Sprinkling <input type="checkbox"/> Pall <input type="checkbox"/> Cross <input type="checkbox"/> Bible <input type="checkbox"/> Incense

People in Procession: <input type="checkbox"/> Grandparents <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Siblings <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren Pew # _____

Procession Hymn: _____

Liturgy of the Word

C - _____ D - _____

1st Reading _____ Read by _____ Gradula _____

F - _____ G - _____

Acclamation _____ Sung/Read by _____ Gospel Reading _____ Homilist _____

_____ Special Intentions:
Prayers of the Faithful Read by _____

Liturgy of the Eucharist

Gift Bearers: _____ Offertory Hymn: _____

Communion Hymn: _____

Final Commendation

Song of Farewell Sung: _____ Recessional
[] Yes [] No _____ Hymn: _____

Graveside

Burial/Interment: [] Yes [] No

Celebrant _____ Location _____ Time _____

Reception

STA Reception: _____ Graveside:
[] Yes [] No [] Before [] After

Time _____ Location _____ # of People _____

Food Provided by: [] Church [] Donations

Fried Chicken _____

Food _____ Caterer _____ Phone _____

Dietary Needs/Allergies _____ Flowers _____

Memorabilia: [] Yes [] No

Slideshow: [] Yes [] No

Other Notes:
