

FUNERAL PLANNING INFORMATION

Date: _____ Time: _____ Location: _____ Livestream: _____

Name: (first) _____ (middle) _____ (last) _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ Age: _____

Contact Person: _____ Relation: _____

Address of Deceased: _____

Address for Bereavement Letters: _____

Phone #: _____ E-mail: _____

Funeral Home: _____

Contact Person: _____ Phone #: _____

Family: _____

Pall bearers: _____

Reception: Yes _____ No _____ Number: _____

Military Honors: Yes _____ No _____

Memorial Donations: _____

Number of Programs: _____ Cover Art: _____

Liturgical Support

Funeral Care Team: _____ Phone #: _____

Accompanist: _____ Cantor: _____

FUNERAL LITURGY INFORMATION

Disposition at Mass: Body Present: _____ Cremated Remains: _____ Not Present: _____

Vigil for the Deceased: Yes ____ No ____ Presider: _____

Date: ____ / ____ / ____ Place: _____ Time: _____

Funeral Liturgy: Mass: _____ Outside of Mass: _____ Live Stream: _____

Celebrant/Deacon: _____

Interment: Place: _____ Date/Time: _____

Presider: _____ STM Niche # _____

Liturgy

Prelude Music: _____ # _____

Entrance Hymn: _____ # _____

Reading I: _____ Reader: _____

Psalm: _____ # _____

Reading II: _____ Reader: _____

Holy Gospel: _____ Fr./Deacon: _____

Homilist: _____

Intercessions: _____

Gift Bearers: _____

Offertory Hymn: _____ # _____

Communion Hymn: _____ # _____

Words of Remembrance: Yes ____ No ____ Name: _____

Recessional Hymn: _____ # _____