



St Monica Funeral Mass Planning Form

Name of Deceased: _____

Address of Residence: _____

Date of Birth: _____

Date of Death: _____

Funeral Date: _____

Funeral Time: _____

Family Contact : _____ Relationship: _____ Contact Phone: _____

Funeral Home: _____

Place of Burial: _____ Date of Burial: _____

Cremains

Body

Mass Details

Opening Hymn: _____

Eulogy: Yes No

If yes list name: _____

First Reading: _____

Reader: _____

Second Reading: _____

Reader: _____

Gospel Reading: _____

Offertory Hymn: _____

Gift Bearers: Yes No

If yes list names: _____

Communion Hymn: _____

Closing Hymn: _____

Program Yes No

If Yes, Selection: _____

Reception: Yes No If yes number of guests _____