

FUNERAL AND LITURGY PLANNING FORM



Name of deceased: (*Please specify the name you want to appear in the worship aid*) Address: Date of birth: _____ Age: ____ Date of death: _____ Name of primary family contact and relationship to deceased: **Contact phone number and email address:** Funeral home and funeral director: _____ **Date of Mass:** Please specify requested date _____ Number of programs needed: What will be present at time of Mass? Body _____ Ashes ____ Place and Date of Burial/Internment: _____ **Would you like to have a reception after the Mass?** (Parish Hall) Y_____ N _____ LITURGY PLANNING Prelude (optional): Entrance Hymn:____ Offertory Hymn: _____ Communion Hymn: _____ **Song of Farewell:** Saints of God, come to his/her aid! Recessional Antiphon/Hymn: (Please reference this page for appropriate readings: https://www.usccb.org/prayer-and- worship/sacraments-and-sacramentals/bereavement-and-funerals) First Reading: _____ Responsorial Psalm: _____ Second Reading: ____ Gospel: ____ Gift Bearer #1: _____ Gift Bearer #2: Additional information: