



# FUNERAL AND LITURGY PLANNING FORM



**Name of deceased:** *Please specify the name you want to appear in the program.*

\_\_\_\_\_

**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 (to be approved by Liturgy Coordinator)*

\_\_\_\_\_

**Number of programs needed:** \_\_\_\_\_

**What will be present at time of service?** Body \_\_\_\_\_ Ashes \_\_\_\_\_

**Place and Date of Burial/Internment:** \_\_\_\_\_

**Would you prefer to have a reception after the service? (Parish Hall)** Y \_\_\_\_\_ N \_\_\_\_\_

**Additional requests:** *(e.g., easel for pictures)*

\_\_\_\_\_

\_\_\_\_\_

## LITURGY PLANNING

**Name of person(s) giving the REMARKS OF REMEMBRANCE:** *(3-5 minutes long before Mass)*

\_\_\_\_\_

**Reader #1:** \_\_\_\_\_

**Reader #2:** \_\_\_\_\_

**Gift Bearer #1:** \_\_\_\_\_

**Gift Bearer #2:** \_\_\_\_\_

**PROCESSIONAL HYMN:** \_\_\_\_\_

**OFFERTORY HYMN:** \_\_\_\_\_

**COMMUNION HYMN:** \_\_\_\_\_

**RECESSIONAL HYMN:** \_\_\_\_\_