

Funeral Planning

(Print Clearly – Bring the completed form to the Funeral Planning meeting.)

Name of Deceased: _____ Date of Death: _____

Contact Name (Next of Kin): _____ Relationship to Deceased: _____

Date and Time of Funeral: _____

Scripture Readings (Enter your selections from the website options here.)

Old Testament: _____ Reader: _____

Psalm: _____

New Testament: _____ Reader: _____

Bearers of Offertory Gifts (Assigned by Family)

1: _____ 2: _____

Music Selection (Enter your selections from the website options here.)

Entrance: _____ Communion: _____

Offertory: _____ Recessional: _____

Book of Life sign by _____

Pall to be placed by family Y N

Placement of Sacramental Rosary Bible Crucifix (One only) None

Special Requests/Comments: _____

Christian Remarks (3 to 5 minutes in length): NO ____ YES, Presented by: _____

Number of Programs Requested: _____

(Will be completed at Funeral Planning meeting)

Funeral Team: ____ Contact Name: _____ Phone #: _____

Please review and sign at the Funeral Planning meeting to ensure accuracy.

(Team Leader should return form to Parish Office.)

