

PLANNING SHEET FOR FUNERAL LITURGIES

Date: _____

Name of the deceased: _____ Date of death: _____

Date of funeral: _____ Time of funeral: _____ Mass ___ or Service ___

Vigil Service: Y ___ N ___ Time: _____ Casket: ___ Cremains: ___

Place of burial/interment: _____

Luncheon: Y: ___ N ___ Approximate No.: _____

MASS OF CHRISTIAN BURIAL

Number of reserved pews: ___ Placing of Pall: Family: ___ Funeral Home: ___ Number: ___

Use of incense: Y ___ N ___

First Reading: _____ Name of Reader: _____

Second Reading: _____ Name of Reader: _____

Gospel: _____ Prayers of the Faithful: _____

Gift Bearers: _____

PARISH INFORMATION

Registered: *Deceased:* Y ___ N ___ *Family:* Y ___ N ___ Catholic: Y ___ N ___

Date of calling hours: _____ Time of calling hours: _____

Visitation in parlor prior to funeral: Y ___ N ___ Time: _____

Funeral home information: _____

Contact & relationship: _____

Contact phone & email: _____

Address: _____

Celebrant: _____ Concelebrant(s): _____

Deacon(s): _____

Altar Servers: _____

Organist: _____ Cantor: _____