



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 Family Contact and Relationship to Deceased: _____

Contact phone number/s 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 needs for set-up (e.g., podium for guest book, tables for pictures)

LITURGY PLANNING

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

Gift Bearer #1: _____

Gift Bearer #2: _____

GATHERING/ENTRANCE SONG: _____

PRESENTATION OF GIFTS/OFFERTORY SONG: _____

COMMUNION SONG: _____

RECESSIONAL SONG: _____

ADDITIONAL REQUESTS/INSTRUCTIONS: _____
