



**St. Joseph Parish, Maysville**  
**1703 Dublin St. Mobile, AL 36605**  
**(251) 473-3761 ~ stjosephmaysville@josephite.org**  
**QUESTIONNAIRE**  
**FOR**  
**FUNERAL MASS PLANNING**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Relative/Individual Handling Funeral Arrangements: \_\_\_\_\_

Funeral Home's Name: \_\_\_\_\_

What Cemetery Will Body Be Buried: \_\_\_\_\_

Date Requested to Conduct Funeral Mass: \_\_\_\_\_

Time Requested to Conduct Funeral Mass: \_\_\_\_\_

Wait Service w/ Open Casket:    Yes    No

If conducting Wake Service, then establish time here: \_\_\_\_\_

Any Special/Certain Request From Family:    Yes    No

Describe Here in Detail Bereaved Family's Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Family Place the Pall on the Casket:    Yes    No

If Yes, Provide Names Here if Known: \_\_\_\_\_

\_\_\_\_\_

Will Family Take Up Gifts at the Appropriate Time During Mass:    Yes    No

If Yes, Provide Names Here if Known: \_\_\_\_\_

\_\_\_\_\_

Will Family Serve As Lectors During Funeral Mass:    Yes    No

If Yes, Provide Names Here if Known: \_\_\_\_\_

\_\_\_\_\_



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QUESTIONNAIRE**

**FOR  
FUNERAL MASS PLANNING (CONTINUED)**

Will Family Serve As Extraordinary Ministers  
of Holy Communion During Funeral Mass:    Yes                                        No

If Yes, Provide Names Here if Known: \_\_\_\_\_  
\_\_\_\_\_

Does Family Desire Rosary to be Recited Prior To Funeral Mass:    Yes                                        No

If Yes, Provide Names Here if Known: \_\_\_\_\_

Does Family Desire Expressions at the Appropriate Time During Mass:    Yes                                        No

If Yes, Provide Names Here if Known: \_\_\_\_\_

Does Family Desire A Musician:                                        Yes                                        No

If Yes, then advise Family that they will be responsible for paying Musician(s): \_\_\_\_\_

Does Family Meet the Criteria To Offer A Repast Following the Burial:    Yes                                        No

Does Family Desire A Repast:                                        Yes                                        No

If Yes, Provide Estimated Number To Attend: \_\_\_\_\_

Is Vehicle Transportation Available for Pastor & Deacon To Cemetery:    Yes                                        No

Final Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_