FUNERAL PLANNING SHEET					
Full Name of Dece	ased_				
First		Middle	Last		
Name as it will appear on Liturgy Leaflet:					
Referred to as:		Estim	nated Number of Liturgy Leaflets Needed:		
Military Honors/Other:					
Date of Death:					
Date of Birth:					
Age:					
Contact Person:			Relationship:		
Contact Phone Number(s):		•	Contact Address:		
Funeral Date:			Time:		
Sacraments:					
Presider:		ı	Mortuary:		
Place, Date and Tir	me of Burial:				
Casket:	Cremation:	C	Cemetery:		
Flowers/Memorial	s:	Т	able/Easel needed for photos, etc.?		
VIGIL					
Date:	Time:		Place:		
Lectionary Reading	<u>gs</u>				
First Reading:		Second Reading:			
Music					
Gathering Hymn:			Responsorial Psalm:		
Closing Hymn:					
Please indicate if family members, friend, or from parish.					
Accompanist:			Cantor:		

	FUNERAL	MASS			
Date:		Time:			
Persons to place pall or ca	arry remains:				
Lectionary Readings					
First Reading:		Second Reading:			
Gospel Reading:					
Music	_				
Gathering Hymn:					
Responsorial Psalm:					
Gifts Song or Piece:					
Communion Hymn(s):					
Closing Hymn (Song of Fa	rewell & Song of Commendation	on):			
Please indicate if family n	nembers, friend, or from parish	l.			
Accompanist:		Cantor:			
Lectors:		Gift Bearers:			
Eucharistic Ministers:					
FUNERAL BRUNCHES/LUNCHEONS/RECEPTIONS					
Brunch:	Luncheon:	Reception:			
Will there be a burial afte	r the Funeral Mass?				
How many family member	rs/friends will attend?				
Will there be a Vigil the e	vening before the Funeral Mas	s?			
Type of Liturgy (Liturgies	which include Mass run longer	than those without Mass):			
Will the family/friends br	ing any food?				
If yes, please indicate who	at food:				
If there is a change of plans and family/friends will not bring food, please call and notify us immediately on 406-442-5268.					