

Funeral Service

Name of Deceased: _____

Residence: _____

Date of Birth: _____ Date of Death: _____

Contact Person: _____ Email: _____

Address: _____

Phone: _____

Name of Funeral Home: _____

Representative: _____

Phone: _____

LITURGY

Rosary/ Vigil Prayer

Date: _____ Time: _____

Place: _____

Leader: _____

Mass

Date: _____ Time: _____

Place: _____

Celebrant: _____

Memorial

Date: _____ Time: _____

Place: _____

Celebrant: _____

Place of Interment: _____

Date: _____ Time: _____

Celebrant: _____

Casket

Cremation Remains

Pall Bearers:

Readings

Family/Friends Church's Lector Intercessions Gifts(offertory)

Chosen Readings

Who will Read

Who will bring the Gifts

1st: _____

2nd: _____

Gospel: _____

Prayers of the Faithful: _____

Remembrances/ Eulogy: _____

Reception None After Mass After Interment How many _____

Music Director (Lan)

Selected Songs

Needs notification

Yes

No

Entrance Hymn: _____

Responsorial Psalm: _____

Pianist Required

Yes

No

Preparation of Gifts: _____

Communion: _____

Vocalist Required

Yes

No

Recessional: _____

Family/ Friend Soloist

Yes

No

Contact Teresa for the program and reception planning and fees

Liturgist (Ace)

Remarks: _____

Needs to be notified:

Yes

Acolyte(s)

Yes

If no, notify the Liturgist