

St. Joseph – St. Lawrence
Funeral Planning Worksheet

Please coordinate with Father or the Deacon as you make your preparations.

Deceased

Name: _____

Address: _____

City, State, Zip: _____

Next of Kin

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Person making arrangements:

Name: _____

Phone: _____

E-mail: _____

Funeral Home

Name: _____

Contact Person: _____

Telephone: _____

Visitation? Yes - No

Place: _____

Date and Time: _____

Rosary Desired? **Yes - No**

If Yes, Time: _____

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Vigil Service? Yes - No

Place: _____

Time: _____

Eulogy Given Included? **Yes - No**

If Yes, Time: _____

If the remains will be cremated, when will that occur? _____

Funeral

Pall Bearers: _____, _____

_____ , _____

_____ , _____

Do you wish the Funeral with or without Mass (Select one)?

Place: _____

Date and Time: _____

Specific Celebrant requested? _____

Readers:

1st Reader: _____

Reading: _____

Responsorial (normally choir sings): _____

2nd Reader: _____

Reading: _____

Gospel Reading: _____

Prayers of the Faithful Reader (if desired):

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Extraordinary Ministers of Holy Communion? (Note, EMHC must be trained.)

Body (if necessary): _____

Cup: _____

Cup: _____

Notify the choir/organist if any special hymns are requested.

Rite of Committal

Will the remains be interred (inurned) immediately following the funeral?

If yes, where? _____

If no, where? _____

If no, When? _____

Please contact Father or the Deacon for assistance in planning as soon as possible. Father or the Deacon can also assist in selecting readings and scheduling.

May the souls of the faithful departed rest in peace.