

- ☐ St. Agnes  
☐ St. Paul of the Cross  
☐ St. Rose

## Funeral Planning Sheet

Full Body ☐    Cremation ☐  
Memorial Service ☐

*Today's Date:*  
*Deceased:*  
*Date of funeral:*  
*Family members' names:*  
*Address and Phone Number of key person:*

Will the family place the pall on the casket? Y/N

**Entrance Hymn:** \_\_\_\_\_

**Words of Remembrance:** Will someone speak about the deceased before Liturgy of the Word? Y/N

If yes, Name \_\_\_\_\_

First Reading: \_\_\_\_\_

Reader: \_\_\_\_\_

**Responsorial Psalm:** (Sung) \_\_\_\_\_

Second Reading: \_\_\_\_\_

Reader: \_\_\_\_\_

Gospel: \_\_\_\_\_

Intercessions: \_\_\_\_\_

Family Members to bring up the gifts:

\_\_\_\_\_

**Offertory Hymn:** \_\_\_\_\_

**Hymn during Communion:** \_\_\_\_\_

**Incensing:** \_\_\_\_\_

**Recessional:** \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Burial: (Cemetery) \_\_\_\_\_

Date \_\_\_\_\_ Parish Funeral Team Members \_\_\_\_\_