FUNERAL LITURGY PLANNING AID

Please complete this form & return to the funeral assistant or the parish office.

Loved One's Name:_____

Date of Funeral:_____

Time of Funeral:_____

Casket:_____ Cremation Urn:_____ No Body Present:_____

Words of Rememberance/Eulogy? Yes:___☐___(Limit to 5 Minutes) No:___☐___

Name of Person Delivering Words:_____

Old Testament Reading:_____

Read By:_____

Responsorial Psalm:_____

New Testment Reading:_____

Read By:_____

Gospel:_____

General Intercessions (Read By):_____

Gifts Brought Forward By:_____

MUSIC SELECTIONS

Gathering:_____

Responsorial:_____

Preparation of the Gifts:_____

Communion:_____

Meditation:_____

Recesssional:_____

Contact Name:_____

Phone Number To Contact You:_____