

# St. Christopher Church Funeral Planning Sheet

Name of Deceased: \_\_\_\_\_

Date/Time of Funeral: \_\_\_\_\_

Full Casket \_\_\_\_\_ Cremation \_\_\_\_\_ (Please check one)

Primary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Primary Contact Person: \_\_\_\_\_

Phone Number/Email of Primary Contact Person: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Will interment follow the service? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

Words of Remembrance (Optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

**READINGS:** *Please select readings from the information provided*

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

Read by: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Read by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gospel (*Read by Father Eloo*): \_\_\_\_\_

Prayers of the Faithful Reader: \_\_\_\_\_

Who will bring up gifts: \_\_\_\_\_

**MUSIC** *Please select from the music selections document*

Processional Hymn: \_\_\_\_\_ #: \_\_\_\_\_

Responsorial Psalm: \_\_\_\_\_ #: \_\_\_\_\_

Music for Preparation of the Gifts: \_\_\_\_\_ #: \_\_\_\_\_

Communion Song: \_\_\_\_\_ #: \_\_\_\_\_

Communion Meditation (Optional): \_\_\_\_\_

Recessional: \_\_\_\_\_ #: \_\_\_\_\_

Any Announcements/Other Special Needs: