

CHURCH OF ST. PETER FUNERAL PLANNING SHEET

Name of Deceased _____ Date of Death _____ Age _____

Family Contact Person _____ Telephone # _____

Family Address _____ Funeral Home Director: _____

Number of Mass Programs: _____ Sacristan: _____ Parish Announce? _____

VISITATION / PARISH PRAYER SERVICE / MASS DATE/TIME

Date: _____ Time of Visitation: _____ to _____ Time of Parish Prayer: _____

FUNERAL MASS Body/Cremation _____ Place of Burial: _____

Date: _____ Time: _____ Place: _____

MEMORIBILIA - SET UP NEEDS: Standard Set up: 2 long table/3 tripods TV: _____

LITURGICAL MINISTERS

Presider: _____ Other Clergy: _____

Servers (3): _____

Eucharistic Minister: _____ Gift Bearers: _____

Choir / Song Leader: _____ Musicians / Organist: _____

FUNERAL LITURGY: Placing of Pall (not used for Urn): _____

Processional: # _____

1st Reading (Old Testament) Pg 26-34(C1-11):# _____ Reader: _____

Psalm: Pg 35-44 (D1-10) # _____ sung or read

2nd Reading (New Testament) Pg 45-55 (E1-15): # _____ Reader: _____

Gospel: Pg 59-78 (G1-19) # _____

Petition Reader: _____ Special Petitions? _____

Offertory Hymn: # _____

Communion: # _____ Communion Reflection Song (Optional)? _____

Closing Song: # _____

OTHER OPTIONS: Luncheon _____ (# _____) Military Honors _____ Eulogy _____

Rosary: Leader _____ Date: _____ Time: _____

VFW Auxiliary _____ Catholic Daughters _____ Knights of Columbus _____ Red Men _____

OTHER DETAILS: _____
