

# Funeral Planning Worksheet

Please check one:  Funeral Mass  Funeral Service

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

Date of Birth of Deceased (Month, Day, Year): \_\_\_\_\_

Date of Death of Deceased (Month, Day, Year): \_\_\_\_\_

Funeral Date (Month, Day, Year): \_\_\_\_\_

Funeral Time: \_\_\_\_\_ AM / PM

## **Casket Information** *(If there is no casket, please skip.)*

Number of Pall Bearers: \_\_\_\_\_

Names of Pall Bearers: \_\_\_\_\_  
\_\_\_\_\_

**Will friends / family be placing the pall over the casket? Yes / No**

*If yes, full names of friends / family members:* \_\_\_\_\_  
\_\_\_\_\_

**Will a friend / family member be placing a Christian symbol on the casket after placing the pall? Yes / No**

*If yes, item:* \_\_\_\_\_

*If yes, full name of friend / family member:* \_\_\_\_\_

**Name of Processional Hymn:** \_\_\_\_\_

**Will a Eulogy be said? Yes / No**

*If yes, name of person reading Eulogy:* \_\_\_\_\_

**Choice for First Reading:** \_\_\_\_\_

*Full name of person reading the First Reading:* \_\_\_\_\_

**Choice for Second Reading:** \_\_\_\_\_

*Full name of person reading the Second Reading:* \_\_\_\_\_

**Choice for Gospel Reading:** \_\_\_\_\_

**Choice for Intercessory Prayers (*Prayers of the Faithful*):** \_\_\_\_\_

*Full name of person reading the Intercessory Prayers:* \_\_\_\_\_

**Name of Hymn for Presentation of the Gifts:** \_\_\_\_\_

**Will friends / family be presenting the gifts of bread and wine? Yes / No**

*If yes, full names of friends / family:* \_\_\_\_\_

\_\_\_\_\_

**Name of Communion Meditation Hymn:** \_\_\_\_\_

**Name of Recessional Hymn:** \_\_\_\_\_

**Funeral Program? Yes / No**

*If yes, how many programs are needed?* \_\_\_\_\_

*If yes, do you have a cover photo? Yes / No*

*If yes, please send the photo to **ebrenner@icransomville.org***

**Are you requesting use of the Father Nuwer Hall? Yes / No**

**Special Requests:**

Taps       Bagpipes

Military Honors

**OFFICE USE ONLY**

**Musicians:** \_\_\_\_\_

\_\_\_\_\_