

# PLANNING SHEET FOR MASS OF CHRISTIAN BURIAL

Deceased Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Funeral Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Presider: \_\_\_\_\_ Deacon: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Songs: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

Responsorial Psalm chosen by Music Director

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

Gospel chosen by Priest/Deacon

Petitions read by Deacon

Lectors: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Gift Bearers: \_\_\_\_\_

Eucharistic Ministers: Father and Deacon \_\_\_\_\_

Servers: \_\_\_\_\_

Visitation: \_\_\_\_\_

Vigil: \_\_\_\_\_ Body Transfer: \_\_\_\_\_

Cemetery/Burial \_\_\_\_\_ Graveside: \_\_\_\_\_ Chapel: \_\_\_\_\_

Meal after Funeral: \_\_\_\_\_ How Many? \_\_\_\_\_

Special Notes: \_\_\_\_\_