

SAINT MAURICE CHURCH FUNERAL PLANNING SHEET

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| Today's Date: | Prepared by: Phone Number: |
| INFORMATION CONCERNING THE DECEDENT | |
| Last name: First: Middle: | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Age: | Sex : <input type="checkbox"/> M <input type="checkbox"/> F |
| Relatives: | Family contact phone no: () |

COMPLETE THIS FORM AND RETURN TO THE PARISH OFFICE

| FUNERAL PLANNING | | | |
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| Date of Funeral: | Time of Funeral: | Celebrant: | Servers: |
| Entrance Song: | | Offertory Song: | |
| Communion Song: | | Meditation Song: | |
| Closing Song: | | Do You Have Any Special Requests Regarding Music | |
| First Reading: | | Reader: | |
| Responsorial Psalm: | | | |
| Second Reading: | | Reader: | |
| Gift Bearers? <input type="checkbox"/> Yes <input type="checkbox"/> No Names: | | | |
| Do You Have Eucharistic Ministers Who Wish To Serve? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have altar servers who would like to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Words Of Remembrance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of person delivering Words of Remembrance: | |
| Include information concerning the decedent that would be helpful in best celebrating the decedent's life: (Continue on reverse if necessary)... | | | |
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