

FUNERAL PREPARATION FORM
(revised 7/2018)

Deceased: First Middle Last

Address of Deceased Phone

Age Date of Birth Cause of death

Date of Death Place of death

Funeral Home Funeral Director Phone

Wake Service: Date Time Place

Funeral: Date Time Place

Date of Burial Cemetery

Ministers

Musicians: Organist Cantor Choir

Funeral Luncheon (Yes) (No) Number Attending Contact Person

Altar Servers: 1). 2). 3)

Lectors: 1). 2)

General Intercessions

Gift Bearers

Eucharist Ministers:

Family Members (Survivors)

Address

Phone

() 1)

()

(2)

(3)

(4)

5

**(* Please indicate local family members to notify For Memorial Mass on following
November 1st**

Altar Servers: 1) _____ 2) _____
3) _____

Lectors: 1) _____
2) _____

Music:

Prelude Hymn # Book. Title

Opening Hymn #. Book Title

Responsorial Psalm # Book. Title

Prep of Gifts # _____ Book _____ Title

Mass Parts

Communion # Book Title

Final Commendation
Book Title

Recessional #. Book Title

Readings:

First Reading

Response

Second Reading (optional)

Gospel (read by priest or) deacon

Memory Items About Deceased