



RIVERVIEW CATHOLICS

Funeral Planning Form

Name of Deceased: _____ Age: _____

Funeral Date: _____ Funeral Time: _____

Church: _____

Celebrant: _____ Phone/Email: _____

Concelebrant(s): _____

Committal after Mass: Yes No Cemetery: _____

Body Present? Yes No

Cremated? Yes No

Contact Information

Funeral Home: _____

Funeral Director: _____ Phone/Email: _____

Family Contact: _____ Phone/Email: _____

Bereavement Coordinator: _____ Phone/Email: _____

Musicians

Organist: _____ Phone/Email: _____

Vocalist: _____ Phone/Email: _____

Personal Information

Relatives (next of kin- spouse, children, siblings):

Career, Hobbies, Personality, Honors (what did they like to do?):

Funeral Mass

Words of Remembrance (one person, five minute duration before Mass): Yes No

Processional Hymn: _____ Hymn #: _____

Liturgy of the Word

First Reading: _____ Read by: _____

Responsorial Psalm (sung): _____

Second Reading: _____ Read by: _____

Gospel: _____

Prayers of the Faithful: _____ Read by: _____

Liturgy of the Eucharist

Gift Bearers: _____

Preparation Hymn: _____ Hymn #: _____

Communion Hymn: _____ Hymn #: _____

Meditation Hymn (optional): _____ Hymn #: _____

Recessional Hymn: _____ Hymn #: _____