

## SAINT MATTHEW FUNERAL PLANNING FORM

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

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

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Age: \_\_\_\_\_

Religion: \_\_\_\_\_

Years Married: \_\_\_\_\_

Years in Parish: \_\_\_\_\_

Registered Member: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SURVIVOR INFORMATION (Only list those who are still living)

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Sons: \_\_\_\_\_

Daughters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren: \_\_\_\_\_ Great Grandchildren: \_\_\_\_\_ Nieces: \_\_\_\_\_ Nephews: \_\_\_\_\_

### DESCRIPTIVE INFORMATION

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### OTHER NOTES:

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\_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vigil Service Location: \_\_\_\_\_

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

Mass of Christian Burial Date: \_\_\_\_\_ Time: \_\_\_\_\_ Presider: \_\_\_\_\_

Body or Cremains: \_\_\_\_\_

Place of Burial: \_\_\_\_\_ Body or Cremains: \_\_\_\_\_

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

**MASS OF CHRISTIAN BURIAL**

Liturgy of the Word	Readings	Reader	Relationship
<i>1st Reading:</i> _____			
<i>Gospel:</i> (Usually Chosen by the Priest) _____			
Song Selections	Title	Number	
<i>Prelude:</i> _____			
<i>Processional:</i> _____			
<i>Responsorial Psalm:</i> _____			
<i>Offertory:</i> _____			
<i>Communion:</i> _____			
<i>Recessional:</i> _____			

During the Mass, family members or friends are invited to do the following:

	Name	Relationship
Placing of Pall on the Casket	_____	_____
Placing of Crucifix or Bible on Casket	_____	_____
Crucifix at end of service given to	_____	_____
Carrying of the Urn	_____	_____
Presentation of the Offertory Gifts	_____	_____
Writing Name of Deceased in Book	_____	_____

Office Notes:

Funeral Planner: \_\_\_\_\_ Phone: \_\_\_\_\_ Program Quantity: \_\_\_\_\_

Funeral Planner: \_\_\_\_\_ Phone: \_\_\_\_\_ Memento Table: \_\_\_\_\_ Easel: \_\_\_\_\_

Special Instructions: