Appendix FUNERAL PRE-PLANNING/PLANNING FORM

	Date:		
NAL AND CONTACT INFO	Name:	_ Date of Birth: D	Pate of Death:
	(If Applicable) Spouse's Name:	Da	te of Death:
	Survivors:		
	Primary Contact's Full Name:		
	Mailing Address:		
PERSONAL	Phone: Email	l:	
Ь	Funeral Home:		Circle One: Body / Cremated Circle One: Wake: Yes / No
FUNERAL MASS AND POST- MASS INFO			
	Funeral Mass Date: Time:		
	Music/Cantor:	(Musicians stipend, ple	ease write check to Mark Ayers)
	Gathering Hymn:		
	First Reading:	Read By:	
	Second Reading (optional):	Read By:	
	Psalm:	Pravers of Faithful	
	Gospel:	Read By: Presentation of Gifts	
	Preparation of Gifts Hymn:	By: By:	
	Communion Hymn:	by:	
	Song of Farewell:		
	Closing Hymn:		
	Reception: yes/no Location:	Graveside: yes/no Location:	_
PASTORAL INFO	Birthplace: Parish Member Since:		
	Occupation:		
	Legacy Remembered (Family/Social/Community/Faith/Life Legacy):		
	Legacy Remembered (Family) Social/Community/Family Ene Legacy).		