

St. Clare of Assisi Funeral Liturgy Planner

Funeral Date: _____ **Time:** _____

Celebrant: _____ **Altar Server(s):** _____ **Sacristan:** _____

Rosary Before Mass: Yes No **Led by:** _____

Name of Deceased _____

Date of Birth: _____ **DOD:** _____ **AGE:** _____

Address City State _____

Phone _____ **email** _____

Type of Funeral Body Present Cremains No remains

Casket Pall Bearers _____ **Cremains Carried By** _____

Estimated Attendance _____ **# Communion Hosts** _____

Order of the Liturgy

	Song #	Title / Scripture Reference	Person(s) Responsible
Prelude (optional)	#		Musician
Laying the Pall (casket)		Carrying the Pall cremains	
Entrance Song			
First Reading			Reader:
Responsorial Psalm			Musician
Second Reading			Reader:
Gospel Reading			Priest:
Homily	Priest/Deacon:		
Prayers of the Faithful			Reader:
Offertory Song			
Communion Song			
Song of Farewell	Musician		
Recessional			

Announcements: _____

Celebration of Life after Mass Yes No **Go directly to the cemetery** Yes No

Funeral Home Arrangements		
Vigil Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presider:
Funeral Home:		
Address		
Funeral Director		Phone:
Plans for the permanent and reverent repose of cremains must be provided		
Cemetery:		
Address:		Phone:

Survived By:	
Parents:	
Spouse:	# of Years Married

Siblings	
Grandchildren	Great-grandchildren

Main Contacts	
Relationship	Name:
	Address:
	Name:
	Address:
	Name:
	Address:

Biography

Places Lived	
Schools/Education	
Military Service	
Occupations	
Awards	
Personality	
Sense of humor	
Character Strength	
Hobbies	
Special Memories	
	Please describe the person more so that the Priest might come to know more about them

Spiritual Life

Sacraments	Baptized Catholic <input type="checkbox"/> Convert <input type="checkbox"/> Penance <input type="checkbox"/>
	Confirmation <input type="checkbox"/> Eucharist <input type="checkbox"/>
Church where married	
Mass Attendance	<input type="checkbox"/> Every Sunday <input type="checkbox"/> Daily Mass <input type="checkbox"/> Very Often <input type="checkbox"/> Sometimes <input type="checkbox"/> 2-5X/year
Parishes where active	
Time in our parish	
Church Groups	<input type="checkbox"/> Knights <input type="checkbox"/> Women's Guild <input type="checkbox"/> CDA <input type="checkbox"/> SVDP
Ministries	<input type="checkbox"/> EM <input type="checkbox"/> Lector <input type="checkbox"/> Usher <input type="checkbox"/> Greeter <input type="checkbox"/> Choir <input type="checkbox"/> Catechist
Prayer Life: Devotions, Rosary, Novenas, etc.	
Favorite Saints	

Amount	Cash	Check#	Bk #	Receipt #	
Donation					
Recorded in Register		Book #	Page #	Line #	