

Funeral Planning Form

Return this form to the Parish Office or email to cbender@holyspirithsv.com

Name of Deceased _____

Date of Birth _____ Date of Death _____ Funeral Date/Time _____

Circle One: Full Body/Casket Cremated Remains/Urn No Remains Present

Contact Person _____ Contact Phone _____

Funeral Director Name and Company Name _____

Will there be a vigil/visitation prior to the funeral requiring a priest or deacon? Y / N

If so, when and where will vigil/visitation take place? _____

Will there be a burial/internment after the funeral requiring a priest or deacon? Y / N

If so, when and where will burial/internment take place? _____

For Music guidelines and selections, please refer to page 4-5.

Processional Hymn _____ Responsorial Psalm _____

Offertory Hymn _____ Communion Hymn _____

Communion Meditation _____ Recessional Hymn _____

Scripture selections begin on page 6.

First Reading _____ Reader _____

Second Reading _____ Reader _____

Gospel Reading _____ (Priest or Deacon will read Gospel)

Name(s) of Person(s) Bringing Gifts Forward _____

Name(s) of Person(s) placing the pall and religious symbols

Other instructions _____
