

Full name of deceased: _____

Date of Birth: _____ Date of Death: _____

POP parishioner: Yes / No Marital Status: Married Widowed Single

Contact Name: _____

Phone: _____ Email: _____

Mailing address: _____

Will be used for sending memorial acknowledgments.

Funeral Home presiding: _____

Funeral location: _____

Funeral type: Casket Cremation Service: Mass / Other: _____

Priest or officiant: _____

Visitation date/time: _____ Funeral date/time: _____

Graveside: POP columbarium niche# _____ Other: _____

Liturgy Service Planning – *select reading code number from the attached suggestion guide.*

1st Reading: _____ Reader: _____

Psalm: _____ Reader / Soloist _____

2nd Reading: _____ Reader: _____

Gospel Acclamation: _____

Gospel: _____ Reader: _____

Universal Prayers: _____

Hymns/songs:

Entrance: _____

Presentation: _____

Communion: _____

Meditation: _____

Recessional: _____

Special requests: _____

Liturgy Service Participants

Placing of the Pall: _____

Gift Bearers *(must be age 8 or older)*: _____

Cantor / Soloist: _____

Accompanist: _____

Pall Bearers: 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Reception date/time: _____ Anticipated # _____

Reception location: _____

Facebook Obituary approval: _____ YES _____ NO

Obituary Information:

Spouse: _____ Deceased? **Yes / No**

of children: _____ Names: _____

of grandchildren _____ Names: _____

Other information or comments:
