

ST. JOSEPH CATHOLIC CHURCH (LIBERTYVILLE, IL) FUNERAL PLANNING FORM

Name of Deceased Present Age

Date of Birth Date of Death

FUNERAL MASS MEMORIAL MASS

Place St. Joseph Other

Date Time Casket Cremains Neither

Presider

Concelebrant(s)

Deacon

Pallbearers

Placing of the Pall

Family Contact Person *If contact person for planning is not the local contact for All Souls' Invite, please provide.*

Name

Address

Relationship Phone

Email Cell

Spouse or Family Members

Bereavement Minister Phone

Email Cell

Funeral Home McMurrrough Burnett-Dane Other

Wake Yes No Date Time

BVM Guild Prayer (Women only) Yes No

Location of Burial

MUSIC MINISTERS

Cantor Organist

Soloist

w/ contact info

for soloist only, do not use for Cantor

First Reading Reading # Scripture Citation

READER

Second Reading Reading # Scripture Citation

READER

Gospel Reading # Scripture Citation

READER (other than Priest)

Prayer of the Faithful Option A Option B Name preferred

especially for

READER

GIFT BEARERS

WORDS OF REMEMBRANCE YES NO PRESENTER

MUSIC	TITLE/COMPOSER	PG. NO.
Entrance	<input type="text"/>	<input type="text"/>
Psalm	<input type="text"/>	<input type="text"/>
Offertory	<input type="text"/>	<input type="text"/>
Communion	<input type="text"/>	<input type="text"/>
Meditation	<input type="text"/>	<input type="text"/>
Commendation	<input type="text"/>	<input type="text"/>
Sending	<input type="text"/>	<input type="text"/>

OFFICE USE

Worship Aid Covers # Copies + 12 for choir w/o covers

ALL SOULS' DAY INFORMATION Photo available for Mass YES NO
(November 2)

Altar Servers 1. 2.

MILITARY HONORS Church Cemetery