

# CLERGY FUNERAL INSTRUCTIONS

**To: Office of the Bishop**

**From: Rev./Dcn.** \_\_\_\_\_

**Date:** \_\_\_\_\_

I choose not to complete this packet. Rather, I choose to allow the Bishop's Office, in consultation with the Liturgy Commission, to make all arrangements for my funeral and burial.

\_\_\_\_\_  
Priest's / Deacon's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

In accordance with the Guidelines for the Burial of a Deacon, a Priest or Bishop, the following information concerning my personal requests/preferences relative to my Vigil Rite, Funeral Liturgy and Rite of Committal are voluntarily submitted. These requests are to be considered valid upon receipt and until they are modified or rescinded by me, upon written notification to the Office of the Bishop. These requests have been discussed with my family, my Bishop or with my superior. I understand that these requests are not to be considered as my last will and testament, but rather an informal document intended to assist the Office of the Bishop in carrying out their responsibilities pertinent to my burial arrangements. **All persons designated have been contacted by me and agreed to participate as specified.** (Please print or type all information)

**1. Priest's / Deacon's Name:** \_\_\_\_\_  
Last
First
Middle

**Spouse's Name:** \_\_\_\_\_  
Last
First
Middle

**2. Address**

	Home	Parish
Address		
City		
State/Zip		
Phone		
Email		

**3. Retired Priests:** I am retired from active ministry and desire my Funeral Mass to be held at the following designated location. (Should the desired location be unavailable or you do not designate a location, the Cathedral Church will be the designated site.)

\_\_\_\_\_  
Parish
City
State
Phone



7. **Arrangements:** I would like my vigil to take place at: \_\_\_\_\_  
 (location name and address)

If possible, I would like my body to lie in state overnight in the church \_\_\_\_\_ Yes \_\_\_\_\_ No

I would like my funeral liturgy to take place at: \_\_\_\_\_  
 (church location name and address)

I would like to be buried in this place: \_\_\_\_\_

I already have a plot/crypt/niche/. \_\_ No \_\_ Yes \_\_\_\_\_  
 (cemetery) (plot/crypt/niche)

I have made the following pre-arrangements:

	Funeral Home	Cemetery
Name		
City/State		
Phone		
Contact		
Email		

**FOR PRIESTS/DEACONS**

8. **Coordinator:** I have designated the following person as Coordinator, in collaboration with the Bishop’s office staff, to assist my family in supervising the burial arrangements. In the event that the designated Coordinator cannot perform his duties, I have designated two alternates. **I have confirmed this request with each named individual.**

	Coordinator	Alternate	Alternate
Name			
Address			
City			
State/Zip			
Phone			
Email			

9. **Vestments – It is customary and appropriate for priests/deacons to wear Mass vestments.** I would like to be buried wearing the following: \_\_\_\_\_  
 (description)

**NOTE:** For deacons, a funeral dalmatic will be provided by the Office of Diaconal Ministry upon request.

10. **Military service** (subject to availability and military norms):

- Veteran: \_\_\_\_\_ Yes (if yes, please provide the following) \_\_\_\_\_ No
- (a) I wish my family to be presented an interment flag \_\_\_\_\_ Yes \_\_\_\_\_ No
- (b) I wish for Taps to be played \_\_\_\_\_ Yes \_\_\_\_\_ No
- (c) I wish for a 3-Volley Salute \_\_\_\_\_ Yes \_\_\_\_\_ No

- 11. Vigil for the Deceased:**                    \_\_\_\_\_ Yes        \_\_\_\_\_ No  
 Evening Prayer from Office of the Dead    \_\_\_\_\_ Yes        \_\_\_\_\_ No  
 Rosary    \_\_\_\_\_ Yes        \_\_\_\_\_ No

With permission from the Bishop, I request the following individuals assist with my Vigil service:

	Leader of Prayer	Reader(s)	Homilist
Name			
Address			
City			
State/Zip			
Phone			
Email			

I would like the following be used in my Vigil:

- (a) Scripture Passages \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (b) Music \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (c) Other request(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (d) Rosary                    After a suitable break following the Vigil, I request a Rosary be recited.  
 I designate the following person to lead the Rosary:

Name	Address	City and State	Phone / Email

- (e) Remarks of Remembrance

Name	Address	City and State	Phone / Email

**12. Funeral Liturgy**

**A. Celebrant of the Mass (customarily it is the Bishop) and other Priests who will take part in the Liturgy.**

Priest celebrant/other priests	Address	City and State	Phone / Email
Presider:			
Principal Concelebrants:			

**B. Deacons of the Mass who will take part in the Liturgy.**

Deacon	Address	City and State	Phone / Email
of the Word:			
of the Altar:			
Alternate:			
Alternate:			

**C. Pallbearers** – (You may designate your own pallbearers.) **I have confirmed this request with each named individual.** (For Priests - Should the order of pallbearers change for good reason; I understand that the Liturgy Commission will designate priests to serve as pallbearers).

Pallbearers	Address	City and State	Phone/ Email

**D. Readings** – (You may designate your own Readers). **I have confirmed this request with each named individual.** Should the Readers change for good reason, I understand that the Coordinator will select Readers.

	Reading	Reader/Phone/Email
Old Testament		
Responsorial Psalm		
New Testament		
Gospel		

**E. Homily**

If the bishop so chooses to delegate his responsibility for the homily, I would like the following to be the homilists at my Funeral Liturgies. **I have confirmed this request with the named individuals.** (Should these individuals be unavailable, the Bishop will either give the homily himself, or at his direction, select a priest or a deacon – dependent on who is the deceased of the Diocese skilled in preaching and who has been associated with the deceased in some manner to deliver this homily.)

Name	Funeral Mass	Graveside
Address		
City/State		
Phone		
Email		

**F. Gifts** – The following people will bring the gifts forward. **I have confirmed this request with each named individual.** Should these individuals be unavailable, the Liturgy Commission will designate alternatives.

Name			
Address			
City/State			
Phone			
Email			

**G. Music**

- Processional \_\_\_\_\_
- Responsorial Psalm \_\_\_\_\_
- Gospel Acclamation \_\_\_\_\_
- Preparation of Gifts \_\_\_\_\_
- Service Music \_\_\_\_\_
- Communion \_\_\_\_\_
- Meditation after Communion \_\_\_\_\_
- Post Communion Remarks \_\_\_\_\_
- Song of Farewell \_\_\_\_\_
- Recessional \_\_\_\_\_

**FOR SINGLE CLERGY:**

THE DESIGNATIONS AND DECISIONS LISTED ABOVE ARE MY WISHES FOR MY VIGIL, FUNERAL LITURGY, AND COMMITTAL.

\_\_\_\_\_  
Priest's / Deacon's Signature

\_\_\_\_\_  
Date

*Recommendation: In order that all the people you have designated as your primary choices will be aware of the other participants and their duties, as well as to serve as a reminder to them, it is recommended that each person also receive a copy of this form.*

**FOR MARRIED CLERGY:**

We have agreed on the designations and decisions (above).

\_\_\_\_\_  
Priest's / Deacon's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
REVIEW: These designations are to be reviewed every five years and at retirement, and when there is a change in pastor/assignment.

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Update \_\_\_\_\_

Copy to Religious Order or Responsible Bishop

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## INFORMATION FOR MY OBITUARY

**1. Name** \_\_\_\_\_

**2. Date of Birth** \_\_\_\_\_

**3. Place of Birth** \_\_\_\_\_  
City State Country

**4. Education**

	High School	College	Seminary	Graduate School	Graduate School
Name					
City/State					
Degree					
Date of Graduation					
Date of Ordination					

**5. Family**

Mother: \_\_\_\_\_  Living  Deceased  
Name City State

Father: \_\_\_\_\_  Living  Deceased  
Name City State

Spouse: \_\_\_\_\_  Living  Deceased  
Name City State

Child: \_\_\_\_\_  Living  Deceased  
Name City State

Child's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Child: \_\_\_\_\_  Living  Deceased  
Name City State

Child's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Child: \_\_\_\_\_  Living  Deceased  
Name City State

Child's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Child: \_\_\_\_\_  Living  Deceased  
Name City State

Child's Spouse \_\_\_\_\_ and Children \_\_\_\_\_



Sibling: \_\_\_\_\_  Living  Deceased  
Name City State

Sibling's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Sibling: \_\_\_\_\_  Living  Deceased  
Name City State

Sibling's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Sibling: \_\_\_\_\_  Living  Deceased  
Name City State

Sibling's Spouse \_\_\_\_\_ and Children \_\_\_\_\_

Other (be specific):

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### 6. Assignments

Parish/Institution	Year	City/State

### 7. Previous Employment

Company	Dates	City/State	Position

**8. Honors/Awards received**

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**9. Organization Memberships**

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**10. Other:**

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