

# St. John the Baptist Church

## Funeral Liturgy Planning Sheet

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date and Time \_\_\_\_\_

Family Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Funeral Director \_\_\_\_\_ Priest Attending \_\_\_\_\_

### **Gathering Rites:**

Optional: Will the family place the pall on the coffin? Yes \_\_\_\_\_ No \_\_\_\_\_

Optional: Will a Christian symbol be placed on the coffin? Yes \_\_\_\_\_ No \_\_\_\_\_

What item? \_\_\_\_\_

By Whom? \_\_\_\_\_

### **Liturgy of the Word**

Old Testament Reading \_\_\_\_\_ Read By \_\_\_\_\_

Responsorial Psalm \_\_\_\_\_: \_\_\_\_\_ Read By \_\_\_\_\_ or Sung \_\_\_\_\_

New Testament Reading: \_\_\_\_\_ Read by: \_\_\_\_\_

Gospel Reading \_\_\_\_\_

### **Liturgy of the Eucharist:**

Optional: Who will present the gifts: 1. \_\_\_\_\_

2. \_\_\_\_\_

### **Intercessions:**

Optional: Will there be remarks of remembrance Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks should be delivered by just one person. Remarks should be from 3-5 minutes and should be written out.

Speaker's Name: \_\_\_\_\_ Relationship \_\_\_\_\_

### **Music Selections:**

**(Up to four songs may be selected)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Family Information: Please provide names and relationships of family members:

Please fax this planning sheet plus a copy of the obituary to St. John the Baptist Church (845) 359-2976. You may instead give this to the priest or deacon at the wake service. Thank you.