

**ST. JOHN OF THE CROSS
FUNERAL LITURGY PLANNING SHEET**

Name of Deceased: _____ **Age:** _____

Preferred name or nickname: _____

Spouse's Name: _____ **Living?** _____ **Deceased?** _____

Family Contact: _____ **Relationship:** _____

Family Contact Address: _____

Phone: _____

Email: _____

Funeral Date: _____ **Time:** _____

Funeral Home: _____

Wake: Date & Time: _____

Cemetery Name: _____ **Graveside:** _____ **Chapel:** _____

Presider: _____

Placing of Pall: _____

First Reading: # _____ **Reader's Name:** _____

Second Reading: # _____ **Reader's Name:** _____

Gospel Reading: Presider will choose _____

General Intercessions – Reader's Name: _____

Gift Bearers: _____

Eucharistic Ministers (If family or friends request an EM, please include his/her name): _____

Words of Remembrance: Yes No _____ **Name**

Music: Entrance: _____
 Presentation: _____
 Communion: _____
 Post-Communion (Optional): _____
 Closing: _____
 Psalm #: _____