

St. Joseph the Worker Funeral Planner

Name: _____

Birth Date: _____ *Date of Death:* _____

Family Contact: (1) _____ *Phone:* _____

Address: _____

(2) _____ *Phone:* _____

Address: _____

Funeral Home: _____

Visitation: *Date & Time:* _____ *Place* _____

Vigil Service: *Date & Time:* _____ *Place* _____

Celebrant: _____

Church Visitation: *Date & Time:* _____ **Mass:** *Date & Time:* _____

Celebrant: _____

Other: _____

Servers: Yes ___ No ___ 1. _____

2. _____ 3. _____

EMHC: 1. _____ 2. _____ 3. _____

Musician/Choir Contacted: _____ *Date:* _____

Interment: _____

Funeral Luncheon: Yes ___ No ___ # _____ *Contact:* _____

Comments: _____

Mass Text & Hymn Selection

Prelude: _____

Pall Placement: Yes ___ No ___ Family: _____

Entrance Hymn: _____ #: _____

1st Reading: _____ Reader: _____

Response: _____ Cantor: _____

2nd Reading: _____ Reader: _____

Gospel: (Priest Select) _____ Priest: _____

Intercessions: _____ Reader: _____

Gift Bearers: Yes ___ No ___ Number: _____

Preparation Hymn: _____ #: _____

Communion Hymn: _____ #: _____

Post Communion Hymn: _____ #: _____

Commendation: _____ #: _____

Closing: _____ #: _____

Comments: _____
