

Our Lady of the Gulf Church Funeral Planning Form

Name of the Deceased: _____

Date of Death: _____ Place of Death _____

Funeral Date/Time: _____ Vigil Date/Time: _____

Visitation: Yes ___ No: ___ Time: _____ In Church: ___ At Funeral Home ___

Contact Person: _____ Relationship: _____ Phone: _____

Name of Funeral Home: _____ Funeral Director: _____

For all Funerals

First Reading: _____ Reader: _____

Responsorial Psalm: _____ Sung ___ Said ___ Reader/Cantor: _____

Second Reading: _____ Reader: _____

Gospel Reading: _____ Deacon/Priest: _____

Prayers of the Faithful: _____ Reader: _____

Hymns

Opening Hymn: _____ Sung by : _____

Offertory Hymn: _____ Sung by: _____

Communion Hymn: _____ Sung by: _____

Recessional: _____ Sung by: _____

Gift Bearers

Name(s) ::: _____

Eulogies: Yes: ___ No: ___ Name: _____

Name: _____

Other Notes: _____
