

Espiritu Santo Personalized Funeral Plans

Name of Deceased: _____ DofBirth: _____ DoD _____
Funeral Day/Date: _____ Time: _____ Age: _____
Presider: _____
Name of main contact for family: _____ Phone #: _____
Relationship to the deceased: _____ email: _____
Name of Funeral Liaison Minister: _____ Phone #: _____

Type of Funeral _____ Mass with Casket/Body
_____ Mass with Cremains
_____ Memorial Mass (no casket or cremains)
_____ Memorial Service (Liturgy of the Word, no communion)

Wake/Visitation Yes/No _____ Date: _____ Time: _____
Place: _____ Clergy: _____

Interment Interment to follow Y/N _____ Clergy: _____
Interment Later (List Date) _____ Clergy: _____
Concludes at Church _____

Stipend
Paid to Funeral Home or ESCC FH/FLM _____ Check # _____ Amount _____
Name of Funeral Home/Cremation Organization _____
Phone and contact _____

Pre-Liturgy

Who will place the Pall on casket or cremains: _____
Carry the cremains in procession: _____ Sign Book of Life _____

Liturgy of the Eucharist

Bread and wine presented by: _____ and _____

Liturgy of the Word

First Reading: _____ Church Lector _____
Second Reading: _____ Church Lector _____
Gospel: _____

Music (indicate song # and name below)

Gathering Song: _____
Responsorial Psalm: _____
Preparation of the Gifts: _____
Communion Song: _____
Song of Farewell: _____
Sending Song: _____

Notes to Presider: _____ Words of Remembrance? (Eulogy) _____

Email copies of form to: _____
Angy Hayes (Choir), Jeff Fitzcharles (Director of Liturgy),
Lisa Mohr (lisa@espiritusanto.cc), Paulette Purvis (Sacristan),
Presence Serving, Sacristan Serving
Hard copies of form to: _____
Clergy Serving (Priest and/or Deacon), Bulletin Board, FLM Box in Ministers Room

Story of the Deceased

Name of Deceased: _____

Share life moments of your loved one:

(ex. Career, military service, hobbies...interests, volunteer work, church volunteer, etc.)

Mostly Catholic? Y/N _____

Family Information

Name to use when referring to the deceased during the liturgy: _____

Name of Spouse: _____ Liv./Dec.(Yr. died) _____ Years Married _____

Family Names: (indicate L for living or D for deceased after each name)

Parents:

Siblings:

Children:

Grandchildren:

Great grandchildren:

Funeral Liturgy Set-up

Name of Deceased: _____

Approximate attendance: _____

Out of town guests? From? _____

Livestream? Y/N _____ Communications Notified _____

Notes from Funeral Liaison Minister:

Reserve _____ pews for family

Use our guest book? Y/N _____

Knights of Columbus Color Corp? Yes/No

Military Honors Presentation at fountain following service? Yes/No

Special Needs: ex. Display table, floor easel, etc.

(Note: A separate table is provided for cremains in both the narthex and the church.)