



# SAINT PAUL THE APOSTLE CATHOLIC CHURCH

## FUNERAL PLANNING WORKSHEET

(Please complete this form in legible printing for ease of use by the parish.)

Those planning the funeral liturgy can either complete this form on their own or schedule a meeting with Jeanne Gearon, Pastoral Associate, for assistance in completing this form. She can be reached at the following:

Phone: 864.886.2146

Email: [jg@saintpaulseneca.org](mailto:jg@saintpaulseneca.org).

### GENERAL INFORMATION:

**Full Legal Name of the Deceased:** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Age at death: \_\_\_\_\_

**Requested Funeral Date/Time** \_\_\_\_\_

**Sacraments received by the deceased in the past month** (check all that apply):

\_\_\_\_\_ Anointing of the Sick (Last Rites)

\_\_\_\_\_ Communion

\_\_\_\_\_ Reconciliation

**Name of Spouse** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

**Name(s) of Children** \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

**Name of Primary Family Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

Email \_\_\_\_\_

Address (following service) \_\_\_\_\_

\_\_\_\_\_

### ARRANGEMENTS:

**Name of Funeral Home/Crematorium:** \_\_\_\_\_

Contact Person and Phone: \_\_\_\_\_

**Funeral Location:** \_\_\_\_\_ Saint Paul the Apostle \_\_\_\_\_ Other: \_\_\_\_\_

**Service Requested** (check all that apply):

Funeral Mass                       Memorial Mass (no body or cremains present)

Graveside Service                       Interment of Cremains

**Is the deceased to be cremated:**     No     Yes    If Yes,  before or  after Funeral?

If before the funeral, who will bring the cremains to the service:  Family     Funeral Home

**Burial:**

Name of Cemetery/Columbarium \_\_\_\_\_

City & State \_\_\_\_\_ Date of Burial/Interment requested \_\_\_\_\_

If Saint Paul Columbarium, what is the Niche Number: \_\_\_\_\_

**FLOWERS/ PICTURE/CHRISTIAN SYMBOLS:**

**Will the family be providing flowers?**     No                       Yes, if yes, please complete the following:

Name of Florist: \_\_\_\_\_

Contact information for florist: \_\_\_\_\_

When will flowers be delivered to the parish: \_\_\_\_\_

Flowers will be provided for the following (check all that apply):

before the Altar     on the casket    or     next to the urn (small vase)

Any arrangements other than before the Altar or next to the urn will be displayed in the Narthex of Church (the gathering space). Flowers that are on the casket will be placed on a table in the Narthex as the casket will be covered with the pall.

**If the deceased has been cremated, will the family place any of the following next to the urn** (please check all that apply):

Picture of the deceased (no larger than 11 X 17)

Christian symbols such as a Rosary

**PREPARATION OF WORSHIP AID:**

**Name of the Deceased as you wish it to appear on the Worship Aid:**

\_\_\_\_\_

**Number of Worship Aids to be printed** (prepared and printed by the parish): \_\_\_\_\_

**MISCELLANEOUS ITEMS:**

**Guest book:** \_\_\_\_\_ No \_\_\_\_\_ Yes

**Prayer cards** (provided by family/funeral home): \_\_\_\_\_ No \_\_\_\_\_ Yes

**May the parish send an E-blast to the community with the funeral details:** \_\_\_\_\_ No \_\_\_\_\_ Yes

**Number of Pews to reserve for family** \_\_\_\_\_

**Meeting with Father Bill:**

Father Bill will meet with the family of the deceased a day or two prior to the funeral liturgy. Please identify the following:

Who will attend this meeting: \_\_\_\_\_

\_\_\_\_\_

List dates/times that work for the family: a member of the parish staff will coordinate with Father Bill's schedule and notify you as to which of the dates/times you provided will work with his schedule:

Option 1: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Option 2: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Option 3: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**FUNERAL MASS**

**Please write the Scripture and song titles in the appropriate spaces.** Select from those provided in the funeral guidelines available on the parish website ([www.saintpaulseneca.org](http://www.saintpaulseneca.org)). *If you are unsure or have no preference, you may leave the space(s) blank.*

**Preferred Scriptures:**

1st Reading (Old Testament) \_\_\_\_\_

2nd Reading (New Testament) \_\_\_\_\_

The lector/reader should be Catholic and have experience as a lector/reader for Mass (leave blank if you prefer the parish provide a lector):

*Lector's Name:* \_\_\_\_\_

*Lector's email address:* \_\_\_\_\_

*Lector's phone number:* \_\_\_\_\_

Gospel \_\_\_\_\_

**Preferred Music:**

Processional Hymn \_\_\_\_\_

Responsorial Psalm (sung by Cantor) \_\_\_\_\_

Offertory/Preparation of the Gifts Hymn \_\_\_\_\_

Communion Hymn \_\_\_\_\_

Communion Meditation Hymn \_\_\_\_\_

Song of Farewell: \_\_\_\_\_

Recessional Hymn \_\_\_\_\_

**FINAL PREPARATIONS:**

Once this form is completed: contact Jeanne Gearon, Pastoral Associate, to arrange a meeting with her to review this information and finalize the funeral liturgy for your loved one. She can be reached at:

Phone: 864.886.2146

Email: [jg@saintpaulseneca.org](mailto:jg@saintpaulseneca.org)