

ORDER OF CHRISTIAN FUNERALS
MINISTRY WORKSHEET

NAME OF DECEASED _____

BORN ____/____/____ DIED ____/____/____

CONTACT'S RELATIONSHIP _____

NAME _____

Address _____ City _____ Zip _____

PHONE NUMBER (____) ____-____

SERVICES

VIGIL SERVICE _____

FUNERAL (MASS __ MEMORIAL __) _____

COMMITAL _____

PLACING OF THE PALL BY: (FAMILY __ TEAM __ BOTH __)

LITURGY OF THE WORD

FIRST READING _____ FAMILY __ TEAM __

RESPONSORIAL _____ FAMILY __ TEAM __

SECOND READING _____ FAMILY __ TEAM __

GOPEL READING _____ FR. _____

PRAYER OF THE FAITHFUL _____ FAMILY __ TEAM __

GIFT BEARERS _____ FAMILY __ TEAM __

EULOGY (A Eulogy is not to exceed 5 minutes and highlight the values and gifts of the deceased.) YES __ NO __

Inform the family that if music is to be provided by them or our Music Ministry that they must contact:
MICHELLE VOSS (949)510-3809 If Michelle is not contacted: PAUL DA SILVA (562)494-8992

ADDITIONAL INFORMATION FOR PRESIDER:
