

OUR LADY OF THE VALLEY FUNERAL PLANNING

Services for _____ Called _____

Funeral Home _____ Contact _____

Family Contact Person _____ Phone # _____

VIGIL SERVICE Yes ____ No ____ If yes, Presider _____

Date _____ Time _____ Place _____

Open Casket: Yes ____ No ____ Cremains _____

Rosary Before Vigil: Yes ____ No ____ If yes, time _____

Regular Readings: Yes ____ No ____ If not, changes are _____

Reader _____

Psalm Response: Said or Sung _____ If Said: Reader _____

Words of Remembrance: Yes ____ No ____ Name: _____

Musicians _____ Opening Song _____

Concluding Song _____

FUNERAL MASS/ SERVICE

Presider _____ Date _____

Body Present _____ Cremains _____ Time _____

Place _____

INTRODUCTORY RITES

Family members/friends put on pall? _____ Religious Symbols _____

LITURGY OF THE WORD

Old Testament _____ Reader _____

Psalm _____ Reader _____

New Testament _____ Reader _____

Gospel _____ Priest _____

Prayers of the Faithful: Reader _____

PREPARATION OF THE GIFTS

Gift Bearers _____

MUSIC

Entrance Song # _____

Psalm # _____

Preparation of Gifts # _____

Communion Song # _____

Words of Remembrance: Yes _____ No _____ Name _____

Incense at Song of Farewell: Yes _____ No _____ Song _____

Recessional # _____

OTHER INFORMATION _____

Closing Rite at Cemetery: Yes _____ No _____ Lowering Of Remains: Yes _____ No _____

EUCCHARISTIC MINISTERS:

1. _____ 2. _____

3. _____ 4. _____

STREAMING Yes _____ No _____ **Guest book** Yes _____ No _____ **Memory table** Yes _____ No _____

PAPER COLOR

GRAPHIC _____

Sky Mist _____ Harvest _____ Sage _____ Vanilla _____ Carnation _____ Gray _____

LUNCHEON Yes _____ No _____ How Many _____ **VIDEO at luncheon** Yes _____ No _____

(DVD, thumb drive, computer)

Family provides: Main Course: chicken

meat and cheese trays

lasagna

Parish provides: rolls, salads and desserts

(Rule of thumb: If 300 people attend the funeral and the luncheon is before the burial, then typically 175 stay for the luncheon.)

*Check parish calendar for availability of Social Center

CENSUS INFORMATION

Name of Deceased _____ Age _____

Residence _____

Next of kin _____

Date of Death _____ City, State _____

Date of Birth _____ City, State _____

Place of Burial _____ Date _____

Note: OLV is latex free