

Church of the Nativity

Funeral Planning List

Name of the Deceased:

(as it would appear on Worship Aide)

Date of Birth: _____

Date of Death: _____

Lunch Immediately After Burial: Yes No

We wish to stay at the cemetery for the lowering of the casket: Yes No

Date of Funeral: _____

Contact Person: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Cemetery: _____

Funeral Home: _____

Scripture Readings:

Old Testament Reading (1 or 2): _____

New Testament Reading (1 or 2): _____

Gospel Reading (2): _____

Music:

Psalm (2): _____

Hymns (5 -one must be Eucharistic): _____

Liturgical Ministers:

(Please write names as they should appear in the worship aide.)

Pall Bearers (6): _____

(Continued on page 2)

Readers (5):

_____	_____
_____	_____
_____	_____

Gift Bearers (2-6):

_____	_____
_____	_____
_____	_____

Ball Bearers (2):

_____	_____
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Placing of Pall:

(Immediate Family)

_____	_____
_____	_____
_____	_____

Questions may be directed to Abby Rheault 232-2414 ext. 125 or Sr. Juliana Wisnewski 232-2414 ext. 126.