

SAINT MARY OF THE ANNUNCIATION
89 Hasell Street · Charleston, South Carolina 29401
843.722.7696

FUNERAL PLANNING WORKSHEET

*Kindly complete this form and return it to the Pastor as soon as possible.
You may scan and email it to **smahgw@gmail.com***

FULL NAME OF DECEASED _____

Name should be as it would appear on the printed Order of Worship

Date of Birth _____ Date of Death _____

Date of Funeral _____ Time _____ Priest _____

Location of Funeral _____

Name of Spouse (if applicable) _____ Living Deceased

Name and Relationship of Primary Contact for Making Arrangements _____

Phone _____ Email _____

Name(s) of Children (if applicable) _____

Sacraments received by the Deceased in past month, if known _____

ARRANGEMENTS HAVE BEEN MADE WITH

Name of Funeral Home _____

Contact Person at Funeral Home _____

FUNERAL ARRANGEMENTS (check all that apply)

A. In church: Funeral Mass Memorial Mass (no body or cremains present)

B. Other options: Graveside Service Service at funeral home only

WILL THE DECEASED BE CREMATED? Yes _____ No _____

If "Yes", will cremation occur before or after the Funeral?

BURIAL

Name of Cemetery/Columbarium _____

City & State _____ Date of Burial/Inurnment _____

Will you have a Vigil Service? Yes No

What is the location of the Vigil Service? _____

Date of the Vigil Service _____ Time of the Vigil Service _____

FUNERAL MASS or MEMORIAL MASS

PREFERRED READINGS AND MUSIC

PLEASE WRITE SCRIPTURES & SONG TITLES IN THE APPROPRIATE SPACES.
If unsure or no preference, you may leave the space(s) blank.

of Copies of Order of Worship to Print _____

Processional Hymn _____

1st reading (Old Testament) _____

Responsorial Psalm (sung by cantor) _____

2nd reading (New Testament epistle) _____

Gospel _____

Preparation of the Gifts Hymn _____

Will family members be presenting the gifts during the offertory procession? ___ Yes ___ No

Anything special to be included in the intercessions? _____

Communion Hymn _____

Communion Meditation Hymn (optional) _____

Recessional _____

Will family or friends be hosting a reception elsewhere for guests following services? ___ Yes ___ No
If yes, would you like us to include the information in the printed Order of Worship? ___ Yes ___ No

Details of reception (location, time, etc.):

Other Notes
