Deacon Funeral Planning Sheet

**Background Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Deacon Information | | | | | | | | | |
| Last Name First Name Middle Name | | | | | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Home Address City State Zip Code** | | | | | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| **Phone Number Email Address Marital Status** Choose an item. | | | | | | | | | |
| Click or tap here to enter text. | |  | | | | | | | |
| **Date of Birth Place of Birth** | | | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| **Ordaining Bishop Ordination Date Diocese Ordained/Incardination Date** | | | | | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Father’s Name Date of Birth Place of Birth** | | | | | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |  | | | |
| **Mother’s Name Date of Birth Place of Birth** | | | | | | | | | |
| **Click or tap here to enter text.** | | |  | | | Click or tap here to enter text. | | | |
| **Parish Ministered Years Parish Ministered Years** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **Parish Ministered Years Parish Ministered Years** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Family Information | | | | | | | | | |
| **Name of Spouse (Inc. Maiden Name ) Wedding Date Wedding Location** | | | | | | | | | |
| **Click or tap here to enter text.** | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Her Place of Birth** Click or tap here to enter text. **Her Date of Birth** Click or tap here to enter text. **Deceased? Choose an item.** | | | | | | | | | |
| **Secular Occupation Secular Employer** | | | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| **Emergency/Healthcare POA\* Primary Phone No. Personal Rep/Executor Primary Phone No.**  **Relationship** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| **Children’s Name DOB Children’s Name DOB** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **Children’s Name DOB Children’ Name DOB** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **Children’s Name DOB Children’s Name DOB** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **Children’s Name DOB Children’s Name DOB** | | | | | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **Number of Grandchildren Number of Great Grandchildren** | | | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| Veteran Information | | | | | | | | | |
| **Veteran?** Choose an item. | **Branch of Service?** Click or tap here to enter text.  **Wars Fought?**Click or tap here to enter text. | | | **Rank?** Click or tap here to enter text.  **Flag?** Choose an item. | | | | **Years?** Click or tap here to enter text.  **Military Honors?** Yes | |

\*MEDICAL POWER OF ATTORNEY

**Deacon Funeral Planning Sheet**

**Deacon Information Last Name**  **First Name Click or tap here to enter text.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vigil Information | | | | | | | |
| **Mortuary or Parish** Click or tap here to enter text. | | | | **Eulogists** Click or tap here to enter text. | | | |
| **Address**Click or tap here to enter text. | | | | | | | |
| **Preferred Alb** Click or tap here to enter text. | **Preferred Stole?** Choose an item. | | **Description**  Click or tap here to enter text. | | | **Preferred Dalmatic?** Click or tap here to enter text. | |
| **Viewing?**Choose an item. **Vigil is Evening Office for Dead** | | | | **Rosary?** Choose an item. | | | |
| **Preferred Deacon of the Word Gospel Passage Gospel Acclamation** | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **1st Reading Lector 1st Reading Passage Responsorial Psalm** | | | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **2nd Reading Lector 2nd Reading Passage** | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |

**Deacons attending the Vigil will be vested in alb, cincture and white stole and will sit in college. Family members of the deceased sit together opposite the deacons. Wives of deacons may sit behind the deacons or in other locations within the congregation.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funeral Information (Body of Deceased Must Be Present ) | | |  | | |
| **Cathedral Mass**? YesIf available, the Archbishop/Designee will preside | | | **Concelebrant (1st Choice)** Click or tap here to enter text.  **Concelebrant (2nd Choice)** Click or tap here to enter text. | | |
| **Parish Location Address (Include City & State ) Homilist** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Preferred Deacon of the Word Gospel Passage Acclamation Preferred Deacon of the Eucharist/Sacramentals** | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| **1st Reading Lector 1st Reading Passage** | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **2nd Reading Lector 2nd Reading Passage** | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Cantor /Choir Entrance Song All music must be liturgical/follow Archdiocese Norms Responsorial Psalm** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Offertory Song Communion Song Recessional Song** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Gift Bearer Gift Bearer Gift Bearer** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Pall Bearer If none selected, Deacons will provide Pall Bearer Pall Bearer** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Pall Bearer Pall Bearer Pall Bearer** | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |

**Deacons attending the Funeral Mass will follow same norms as the Vigil.**

|  |  |  |  |
| --- | --- | --- | --- |
| Interment Information | | | |
| **Final Disposition**? Buried | | **Preferred Minister/Final Commendation** Click or tap here to enter text. | |
| **Burial?** Choose an item. | | **Memorial Marker?** Choose an item. | |
| **Cemetery Name Address Gravesite Location** | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| **City State Zip** | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Floral or Donation Request St. Lawrence Assistance Fund** | | | |
| Click or tap here to enter text. | | Choose an item. | |

|  |
| --- |
| Brief History of Life and Ministry |
| Click or tap here to enter text.  Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |