



Funeral Arrangement Form

CONFIDENTIAL

**Diocese of Rochester
Office of Deacon Personnel**

Funeral Planning Form for Deacons

Personal Information:

Full Name _____
(First) (Middle) (Last)

Date of Birth _____
(Month) (Day) (Year)

Where were you born? _____
(City) (State)

Marital Status: Married ___ Widowed ___ Divorced ___ Not Married ___

Spouse _____
(First) (Middle) (Maiden Name)

Date of Marriage: _____
(Month) (Day) (Year)

Is your spouse still living? Yes/No _____ If no, please note date of death

Children's Names and Dates of Birth (please note if deceased)

Number of grandchildren _____

Number of great grandchildren _____

Date of Ordination: _____
(Month) (Day) (Year)

Where were you ordained: _____
Church City State

Name of Bishop who ordained you: _____

General Information:

Who should the diocese be in communication with in terms of making arrangements? This may be the spouse, son or daughter, close friend (s), etc.

I have asked the following Priest and/or Deacon to assist my family as coordinator in supervising my funeral arrangements: _____

Have you made arrangements to have your body donated to science? If so, list to whom:

The mortuary I have selected is:

Name _____ City _____

Have you pre-planned your funeral and other arrangements with them? Yes/No _____

Burial Instructions:

Cemetery: _____ Burial Plot Purchased: Yes/No _____

Memorials are to be given to: _____

The Vigil Service:

Where will the service take place? _____

The deacon, priest, or other person who is to be the leader of the wake service is:

Should the designated person not be available, please list at least one alternate leader:

Do you have any special requests concerning the Wake Service? Special music, readers, particular Scripture readings, etc., (please name individual and their role:)

The Funeral Liturgy:

Church of the Funeral Mass: _____

Presider: (Normally the Bishop or his designate) _____

Principal Concelebrant(s): _____

Deacon: _____

Cantor: _____

Readers: _____

Acolytes: _____

Homilist: _____

Alternate Homilist if the first choice is not available: _____

Placing of the Pall by: _____

Placing of the Christian Symbols on Casket by: (optional) _____

First Reading: _____

Responsorial Psalm: _____

Second Reading: _____

Gospel: _____

General Intercessions and note any special intercessions you would like

Presentation of the Gifts: (list individuals who will bring gifts forward)

Music choices if any:

Before Mass: _____

Entrance Hymn: _____

Responsorial Psalm: _____

Gospel Acclamation: _____

Preparation Hymn: _____

Communion Hymn: _____

Song of Farewell: _____

Recessional Hymn: _____

If you have any special instructions for the Rite of Committal, please list them here:

Please sign and date this form:

Deacon Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

If there are any special instructions you wish to add, please write them here or on additional pages you attach to this form.

