Funeral Liturgy Pre-Planning

Our Lady of the Assumption Catholic Church
(Office) 1406 Hearst Drive, Brookhaven, GA 30319
(Church) 1350 Hearst Drive (This is the address where all flowers should be sent.)

PLEASE PRINT LEGIBLY.

Funeral Liturgy Plan for: _____
Full Legal Name

Date and Place of Birth: _____

Date and Place of Death: _____

CONTACT INFORMATION

Contact for Final Arrangements: _____
_____
Name, Phone Number, Email Address

Funeral Home: _____
Name and Phone Number

VIGIL SERVICE

Location (Circle One): **OLA** **Funeral Home**

Date and Time of Service: _____

Celebrant _____

FUNERAL LITURGY

Date and Time of Service: _____

Type of Service (Circle One): **Funeral Mass with Body** **Funeral Mass with Cremated Remains**
Memorial Mass (No body or cremated remains)

Celebrant _____

Assisting Clergy _____

ENTRANCE – WITH BODY PRESENT

Family remains in the back of church/at baptistry/seated

Placing of Pall (at baptistry)

Pallbearers _____

ENTRANCE – WITH CREMAINS PRESENT

Family is seated before Mass begins.
Placing of Pall and Placing of Christian Symbols at the Altar

LITURGY OF THE WORD

Old Testament Reading: _____
Reading Selection

_____
Name of Reader

Psalm Spoken _____ Sung _____

New Testament Reading: _____
Reading Selection

_____
Name of Reader

Gospel Reading: _____
Reading Selection

_____
Name of Reader

LITURGY OF THE EUCHARIST

Gift Bearers: _____

Prayers of the Faithful: _____
Name of Reader

MUSIC SELECTIONS

Entrance Hymn: _____
Name/# of Hymn

Psalm: _____
Psalm Number/# of Hymn

Offertory Hymn: _____
Name of Hymn/# of Hymn

Communion Hymn: _____
Name of Hymn/# of Hymn

Post Communion Hymn: _____
Name of Hymn/# of Hymn

Song of Farewell: Saints of God – 163

Going Forth Hymn: _____
Name of Hymn/# of Hymn

EULOGY

One 5-minute eulogy is acceptable at the funeral Mass. A written copy must be submitted to the celebrant in writing 24 hours prior to the funeral.

Eulogist _____

Location in Liturgy

_____ Immediately prior to opening prayer (Duffy)

_____ After Communion (Duggan/Ulrich)

COMMITAL

Date and Time _____

Location _____

Celebrant _____

PROGRAM FOR FUNERAL LITURGY

Photo or Christian Symbol for Cover _____

Prayer/Scripture/Etc… for Back Cover _____

Reception listed in Program yes ___ no _____

Estimated Number of Copies Needed _____

RECEPTION

Is there a reception? _____

Location _____

Time _____ After Funeral Liturgy _____ After Burial

If at OLA, is set-up required? _____

(Set up: tables w/table cloths, chairs, plastic utensils, plates, napkins, coffee/water)

Estimated Number of Attendees: _____

Special Instructions _____

_____