



Catholic Church of Saint Monica

Funeral-Vigil-Interment Details

- Celebrant
- Deacon(s)
- Karen
- Bob

D.O.B: _____ D.O.D: _____

copies to:

1. Funeral Mass or Service Details

Est. # people attending funeral: _____

Name of Deceased (full name, and nickname, if any, for program) _____

- Funeral Mass** with body / with cremains
- Livestream
- Memorial Mass no body or cremains
- Funeral **Service**, without Mass

Day, Date _____, _____

Time _____

Location _____

Funeral address/city/state if not at St. Monica's or Funeral Home: _____

Priest &/or Deacon presiding _____

FAMILY Contact's name _____ Relationship _____

Phone (Primary) _____ Email _____

- FUNERAL HOME Name**
- Bill Head-Duluth Chapel;** Steve Wimmer
 - Flanigan Funeral Home-Buford;** Junior Flanigan
 - Tom Wages-Lawrenceville Chapel;** _____

Other: _____ Director: _____
Phone: _____

2. Vigil or Other services requiring a Priest, Deacon or Saint Monica staff or volunteer assistance

Vigil/Visitation at Church at Funeral Home Date/Time _____

Will Rosary be prayed? Yes No Time _____

No vigil/visitation Priest/Deacon _____

3. **Interment** Name of Cemetery/Mausoleum _____

Immediate Delayed If delayed, Day/Date _____ Address _____

Body Ashes Time _____ City _____

N/A; interment elsewhere. Priest/Deacon _____

4. Reception requested at Saint Monica's? Y N Time frame needed _____

Room assigned: LH Rm. _____

Meals needed for family? Y N

St. Augustine Hall _____

Contact: _____

Power point/dvd at reception? Y N

Healing Hearts Grief Support Ministry Y N

Is so please

Email to dandre4@bellsouth.net

Email: Linda Masters linmasters111@yahoo.com



Catholic Church of Saint Monica
Funeral/Memorial Mass or Service Liturgy & Music Planner

Name of Deceased (Full name, and nickname, if any, for program) _____

Vestment color _____
 Check preference for funeral program cover:

I will email a photo to bbarry@saintmonicas.com to use on the program cover.
 (We can also scan hardcopies for you, crop and color-correct most photos when necessary.)

Please select a color **funeral stock** cover with an appropriate scripture verse.

LITURGY Details

1st Reading: _____ Reader: _____
When there are two readings, the First Reading is from the Old Testament, except during Easter Season.

2nd Reading: _____ Reader: _____

Gospel: _____ *(Read by Priest or Deacon)*

Names of gift-bearers: _____

Words of Y N Speaker's Name: _____

Remembrance *A family member or friend may offer some brief, pre-written reflections that are appropriately reverent.*
(Limit to 5 minutes)

MUSIC

Musician/Cantor: Bob Barry Other: (Name:) _____

Processional Hymn: _____

- Responsorial Psalm:**
- 23 The Lord is my shepherd; there is nothing I shall want. *(Psalm 23 is the most requested.)*
 - 25 To You, O Lord, I lift my soul.
 - 27 The Lord is my light and my salvation.
 - 63 My soul is thirsting for you, O Lord my God.
 - 103 The Lord is kind and merciful.
 - 116 I will walk in the presence of the Lord in the land of the living.
 - 122 I rejoiced when I heard them say: let us go to the house of the Lord.
 - or Let us go rejoicing to the house of the Lord.

The Director of Music & Liturgy will choose the best available musical setting that matches the Lectionary text for the Psalm you have chosen.

Preparation of Gifts: _____

The Cantor/Musician will choose a well-known Mass setting appropriate to the season.
 Please check one of the below. I/we prefer the Mass parts to be sung in:

- English: Holy, Holy, Holy, Memorial Acclamation, Lamb of God
- Latin: Sanctus, Mysterium Fidei (Mortem Tuam), Agnus Dei

Communion Hymn: _____

Hymn of Thanksgiving: (optional; usually Ave Maria) _____

Recessional Hymn: _____