

**Holy Innocents Church  
Consolation (Funeral) Ministry  
Funeral Worksheet & Priest Report**

Version 2017.a

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

**Arrangements**

Funeral Mass     Memorial Mass

Funeral Home: \_\_\_\_\_  Casket  Cremains

Viewing      Date: \_\_\_\_\_      Hours: \_\_\_\_\_

Wake Service      \_\_\_\_\_      Time/Date: \_\_\_\_\_

Funeral      Date: \_\_\_\_\_      Time: \_\_\_\_\_

Priest: \_\_\_\_\_

Altar Servers: \_\_\_\_\_

Music      Soloist: \_\_\_\_\_      Organist: \_\_\_\_\_

Burial      \_\_\_\_\_

**Liturgy**    (include names & relationships to deceased)

Pall:     Crucifix:     Family placing Pall & Crucifix:

1<sup>st</sup> Reading # \_\_\_\_\_    Lector: \_\_\_\_\_

2<sup>nd</sup> Reading # \_\_\_\_\_    Lector: \_\_\_\_\_

Intercessions: \_\_\_\_\_

Presentation of Gifts: \_\_\_\_\_    # of Gifts  2     3     4

Eucharistic Minister: \_\_\_\_\_

Communion:  Bread       Wine

Reflection by: \_\_\_\_\_

Consolation Ministry Member: \_\_\_\_\_

Additional Information about the Deceased (Obituary and/or Memorial Storyline/Photos Attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_