

St. John Neumann Funeral Information Form

Name of Deceased _____

Registered Member of St. John? Yes _____ No _____

Cause of death: (optional)

Date of death: _____ Age of deceased at death: _____

Family Contact Person _____

Relationship _____ Phone _____ Email _____

2nd Family Contact _____

Relationship _____ Phone _____ Email _____

Name of Funeral Home _____

Director's Name _____ Phone _____

Viewing/Vigil/Prayer Service

Date: _____

Viewing Y N Time of viewing: _____

Vigil/Prayer Service Y N Time of Vigil/Prayer Service: _____

Prisider of Service: _____

Eulogy Y N Name of Presenter: _____

Relation to deceased: _____

Funeral Mass Y N

Place: _____

Date: _____

Time: _____

Funeral Ceremony Y N

Place: _____

Date: _____

Time: _____

Presence of a Body? Y N

Presence of Cremains Y N

Priest: Y N

Name: _____

Deacon: Y N

Name: _____

Organist: Y N contacted? Y N Name: _____

Soloist Y N contacted? Y N Name: _____

Choir Y N contacted? Y N

Choir Director's Fee: \$75.00 Musician's Fee: \$75.00 Priest's suggested gift: \$200

(fees/gifts should be given prior to the start of the funeral, or through the funeral director)

Servers: contact Sr. Julie to schedule adult altar servers Y N

1. _____ 2. _____ 3. _____

Pallbearers (up to six people) _____

READINGS:

Old Testament Reading: _____
Reader: _____

New Testament Reading: _____
Reader: _____

Gospel Reading: _____

General Intercessions – Option A ____ B ____ C ____ D ____ E ____ F ____ G ____
Reader: _____

Gift Bearers: _____

Eucharist Ministers - Contact Sr. Julie to obtain Eucharistic Ministers: Yes ____ No ____

MUSIC:

Prelude Music: _____

Proclamation: _____

Responsorial Psalm: _____

Preparation of Gifts: _____

Communion Hymn: _____

Post Communion Meditation: _____

Song of Farewell: _____

Recessional: _____

Family Reception Yes ____ No ____

Place: _____

Bereavement Contact Person: _____

Phone#: _____

St. John Neumann Reception Coordinator - Contacted Yes ____ No ____

SJN Contact Person: _____ Phone# _____

Location of Burial _____

Cemetery Contact Person _____

Phone _____

Will the family leave flowers at Church for weekend Masses Yes ____ No ____

Altar _____ Pulpit _____ Tabernacle _____ Additional _____

Immediate Contacts by the Co-ordinator:

1. Libby, Church Office-965-1358, ext. 20. Transfer Mass intentions and contact Amy Davis about Adoration at 740-965-4634.
2. Andy Wallace, Director of Music-614-578-4044
3. Ginny Wallace-Songs and Choir-740-965-2522
4. Gene Helmick-Servers-614-306-6757
5. Reception-if yes, contact Marge Gernert-740-965-4574