

# Catholic Parish of Branxton

St Brigid's Church, Branxton  
St Catherine's Church, Greta

## Funeral Planning Guide

(for use by members of the Bereavement Caring Team and Parish Clergy)

DETAILS OF DECEASED			
Full Name			
Maiden name			
Known As	<i>(name will be used in booklet and throughout service)</i>		
Date of Birth		Date of Death	
Place of Death			
Last Known Address			
Funeral Director:			
DETAILS OF DECEASED'S FAMILY			
Family Contact Name			
Phone Number			
Address			
Next of Kin (if different to family contact)		Phone & Address	
Email address			
Other Family Members and their relationship to deceased.			
FUNERAL SERVICE DETAILS			
Type of Liturgy:	<input type="checkbox"/> Funeral Liturgy of the Word <input type="checkbox"/> Funeral Mass		
Date:		Time:	
Church:			
Name of Presider:		Cleaning Team contacted:	<input type="checkbox"/>
		Parish Office Contacted:	<input type="checkbox"/>
Burial or Cremation details (place & time)		Priest required at Cremation (Y / N)	
Details of Post Funeral Refreshments:			
Organist Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Organist Arranged: _____ Name of Music Player Arranged: _____	
Booklet Required <i>(If family is preparing booklet, please have reviewed by Office/Priest before printing)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parish Office to prepare <input type="checkbox"/> Family to prepare	Number of copies required: _____

THE INTRODUCTORY RITES	
Placement of Coffin	<input type="checkbox"/> Altar <input type="checkbox"/> Process In
Gathering Hymn	
Words of Remembrance	Slideshow: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hymn or Music after Words (optional)	
Placing of Christian Symbols:	<input type="checkbox"/> Lighting of Paschal Candle by _____
	<input type="checkbox"/> Sprinkling with Holy Water by Priest
	<input type="checkbox"/> Placing of the Pall by _____
	<input type="checkbox"/> Placing of the Scriptures by _____
	<input type="checkbox"/> Placing of the Cross by _____
	<input type="checkbox"/> by _____
	<input type="checkbox"/> by _____

*(please note that only Christian symbols may be placed on the coffin; other symbols may be placed on a table nearby)*

LITURGY OF THE WORD	
First Reading:	by _____
Responsorial Psalm: o Read o Sung	by _____
Second Reading: (optional)	by _____
Gospel Acclamation:	<input type="checkbox"/> Sung
Gospel:	by Priest
General Intercessions:	<i>(make notes on opposite page of any changes to petitions)</i>
Number	Part _____ by _____
Number	Part _____ by _____
Number	Part _____ by _____
Number	Part _____ by _____
Number	Part _____ by _____
Number	Part _____ by _____

LITURGY OF THE EUCHARIST (FOR FULL MASS ONLY)	
Procession of Gifts	Names: _____
Hymn - Offertory	
Hymn - During Communion	
Hymn - Thanksgiving (optional after Communion)	

**FINAL COMMENDATION**

**RSL Service**  
*(if applicable)*

To be led by:

**Hymn - Recessional**

**Pall Bearers**

***OTHER REQUESTS:***

*(Please do not confirm until you have spoken with the person who will be presiding)*

***NOTES:***

**CONTACT DETAILS**

**Parish Secretary** Erica Janssen

**Email** singleton.branxton@mn.catholic.org.au

**Phone** 02 5507 4048

*Office Hours: Tues-Fri 9am-3pm*

**Presbytery** 02 6578 9651

02 6578 9650

**Caring Team** \_\_\_\_\_

*Name & Contact No.* \_\_\_\_\_

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