ARCHDIOCESE OF BALTIMORE

DIVISION OF CLERGY PERSONNEL
320 Cathedral Street
Baltimore, MD 21201-4419
410 547-5427/547-5550 Fax: 410 547-3152 E-mail: clergy@archbalt.org

PRIEST FUNERAL AND BURIAL INSTRUCTIONS

The following information concerning funeral and burial instructions reflects my preferences and desires with regard to the actions to be taken upon my death. This information has been discussed with my family members and/or power of attorney. This information is intended to assist my family and the Archdiocese of Baltimore to carry out their responsibilities for making the necessary arrangements upon my death.

DATE: _____

I. GENERAL INFORMATION

1. NAME: _____
(First) (Middle) (Last)

2. ADDRESS: _____

_____

_____

3. PHONE: _____ 4. FAX: _____

5. EMAIL: _____

6. NEXT OF KIN/PERSONAL REPRESENTATIVE (2 persons): those who will make final decisions

a) NAME: _____

ADDRESS: _____

_____

PHONE: _____ RELATIONSHIP: _____

b) NAME: _____

ADDRESS: _____

_____

PHONE: _____ RELATIONSHIP: _____

7. DISPOSITION OF THE BODY: ○ Burial ○ Cremation

8. CASKET: For Viewing ○ Open ○ Closed

9. CHURCH OF FUNERAL RITES:

○ Wherever assigned at time
○ Church where Pastor Emeritus
○ Home Parish: _____
○ Other _____

10. PALL BEARERS:

_____ _____

_____ _____

_____ _____

11. OBITUARY INSTRUCTIONS:

☐ in lieu of flowers _____

☐ charitable donation _____

12. GENERAL COMMENT

II. LITURGICAL ARRANGEMENT PREFERENCES

If you do not have a particular preference for an item, leave blank or note "Presider's Choice" or "Personal Representative's Choice," etc.

1. Vigil Service:

Presider: 1st Choice _____

2nd Choice _____

Homilist: 1st Choice _____

2nd Choice _____

Scripture Readings:

_____

_____

Other Notes: _____

_____

2. Mass of Christian Burial:

Presider: 1st Choice _____

2nd Choice _____

Homilist: 1st Choice _____

2nd Choice _____

Major Concelebrants:

Rev. _____

Rev. _____

Rev. _____

Assisting Deacons:

Deacon: _____

Deacon: _____

Readers:

1st Reading: _____

2nd Reading: _____

Intercessions: _____

Gift Bearers: _____

Leader – Final Commendation: _____

Liturgical Music:

Prelude _____

_____

Processional _____

Responsorial Psalm _____

Gospel Acclamation _____

Preparation of Gifts _____

Eucharistic Acclamations

Holy, Holy _____
Memorial _____
Great Amen _____
Lamb of God _____

Communion _____

_____

Song of Farewell _____
Recessional _____
Postlude _____

Other Requests: _____

_____

_____

3. GRAVESIDE / COMMITAL SERVICE:

Presider: _____

Reader: _____

**** Note: Have you informed those listed above of your desire to have them be a significant part of your funeral?*** _____

III FUNERAL ARRANGEMENTS

1. FUNERAL DIRECTOR:

Name: _____

Address: _____

_____

Phone: _____

Have you made pre-arrangements? _____

If pre-paid, where is the documentation? _____

2. CEMETERY

Name: _____

Address: _____

Phone: _____

Grave Site: _____

Copy of Deed Enclosed: _____

IV. GENERAL COMMENTS

_____

_____

_____

_____

PLEASE NOTE: Copies of this information should be shared with your family members, personal representative, funeral director, and others. It will be helpful if a family member or personal representative *contact the Chancery Office at 410 547-5446 and/or the Office of Clergy Personnel at 410-547-5427 or 410-547-5550 as soon as possible* at the time of death so that assistance with arrangements and communication of information can be taken care of promptly.

An updated copy of your will, signed and dated, should be furnished to the Chancery Office in a sealed envelope. The Office of Clergy Personnel can assist in drafting a will.

OTHER NOTES / INSTRUCTIONS

Here, please note any other preferences or instructions that are pertinent indicating individuals you would like involved, such as preferences for other liturgical ministers, unusual circumstances, clarifications of anything else included in the document. Feel free to include additional explanation and documentation as necessary.

OTHER CONTACT INFORMATION

EXECUTOR OF WILL:

NAME: _____

ADDRESS: _____

_____

PHONE: _____ RELATIONSHIP: _____

LAW FIRM WHERE ON FILE: _____

1. **HEALTH CARE AGENT:**

NAME: _____

ADDRESS: _____

_____

PHONE: _____ RELATIONSHIP: _____

LAW FIRM WHERE ON FILE: _____

DOES YOUR HEALTH CARE AGENT HAVE A COPY OF YOUR HEALTH CARE INSTRUCTIONS (aka LIVING WILL) YES ○ NO ○

2. **POWER OF ATTORNEY**

NAME: _____

ADDRESS: _____

_____

PHONE: _____ RELATIONSHIP: _____

LAW FIRM WHERE ON FILE: _____