



# 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](mailto: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: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Homilist: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Scripture Readings:

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

Other Notes:

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

**2. Mass of Christian Burial:**

Presider: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Homilist: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Major Concelebrants:

Rev. \_\_\_\_\_

Rev. \_\_\_\_\_

Rev. \_\_\_\_\_

Assisting Deacons:

Deacon: \_\_\_\_\_

Deacon: \_\_\_\_\_

Readers:

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

2<sup>nd</sup> 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: \_\_\_\_\_