

FUNERAL PLANNER FOR DEACONS  
DIOCESE OF PHOENIX

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**PLEASE PRINT OR TYPE**

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

Wife: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL FUNERAL INSTRUCTIONS**

Parish for service: \_\_\_\_\_

Cremation: Yes \_\_\_\_\_ No \_\_\_\_\_

**VIGIL SERVICE:**

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

First Reading: \_\_\_\_\_ Gospel: \_\_\_\_\_

Homilist: \_\_\_\_\_ or: \_\_\_\_\_

Music: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_

**FUNERAL MASS:**

Celebrant: \_\_\_\_\_ or \_\_\_\_\_

Deacon of the Altar : \_\_\_\_\_

Deacon of the Word: \_\_\_\_\_

Alternate: \_\_\_\_\_

Homilist: \_\_\_\_\_

First Reading: \_\_\_\_\_ Second Reading: \_\_\_\_\_

Gospel \_\_\_\_\_

Music \_\_\_\_\_

Pall Bearers (if requesting deacons): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special requests: \_\_\_\_\_  
\_\_\_\_\_

Burial to take place at: \_\_\_\_\_

This information requested of all deacons will make it easier for us to carry out your wishes in case of an emergency. You may make changes at any time by sending updated information. It is suggested that copies be made for your family, your pastor and other persons that should be informed as to your funeral instructions.

**Please send this completed form to the Diaconate Office: 400 E Monroe,  
Phoenix, AZ 85004**

\_\_\_\_\_  
DEACON SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

At this time my spouse and I do not wish to have this information on file with the Office of the Diaconate.

\_\_\_\_\_  
DEACON SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE