



LITURGY PLANNING FORM

(PLEASE FILL IN & CIRCLE ALL THAT APPLY)

PARISH/GROUP

TODAY'S DATE: _____

Name: _____

Date/Time of Event: _____

Phone #: _____

E-Mail: _____

Sacristan Needed: Yes / No

Liturgical Feast: _____
(e.g. Second Sunday of Easter)

Name of Priest: _____

Liturgical Color: _____

Letter of Good Standing on File: Yes / No

Both Species: Yes / No
(Body of Christ & Precious Blood)

Deacon (s): _____
(if no deacons, please indicate NONE)

First Reading: _____

Scripture Citation: _____

Psalm: _____

Scripture Citation: _____

Second Reading *(if applicable)*: _____

Scripture Citation: _____

Gospel Reading: _____

Scripture Citation: _____

Will you have music: Yes / No
(Please note the Shrine does not provide music)

Is a setup required for music: Yes / No

Prayer of the Faithful read by: Deacon / Lector / Other
(In general, please try to limit prayers in number to be 4-6; prayer should be short in length)

****All Mass Collections help support the Shrine****

Notes: *(Offertory Procession is not required for daily Mass, if you have one it should not be delayed / Please review Communion practice with the Celebrant **BEFORE** Mass.)*
