

Liturgy Planning Sheet

Please complete this form in its entirety and return to the Liturgy Office *at least one week* prior to the ceremony:

Mail to: Liturgy Office
5201 Bishop's Blvd S, Suite A
Fargo, ND 58104-7605

E-mail: tamara.splonskowski@fargodiocese.org

Fax: (701) 356-7999

Parish/Institution: _____

Occasion: _____

Date: _____ Time: _____

Ordo Information

Liturgical Calendar Day: _____

Green White Red Violet Rose

Procession

of Altar Servers: _____

Deacon(s): _____

Concelebrant(s): _____

Main Celebrant: Bishop Folda _____

Introductory Rites

Ent. Chant/Hymn: _____

Incense Altar

Penitential Sprinkling Rite

Rite: Form A Form B Form C

Gloria: NA Sung Recited

Intoned by Cantor Presider

Liturgy of the Word

Readings of the Day Other

Lect: Sunday Weekly Ritual/Votive/Com.

First: _____ Lect. #: _____

Psalm: _____

Second: _____ Lect. #: _____

Readers: _____

Gospel: _____ Lect. #: _____

Proclaimed by: Deacon Priest

Incense

Homilist: _____

General Intercessions (please attach a copy):

Deacon (proper to his role)

No deacon: _____

Liturgy of the Eucharist

Off Chant/Hymn: _____

Incense

Requested Eucharistic Prayer:

I II III IV Other: _____

Sanctus: Sung Recited

Mem. Acclamation: Sung Recited

Doxology/Amen: Sung Recited

Mass Setting(s): _____

Communion Rite

Our Father: Sung Recited

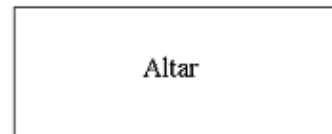
Lamb of God: Sung Recited

Communion under both species

of Ciborium _____ # of Chalices _____

Below, mark the following positions for the distribution of Holy Communion:

Main Celebrant – **M**; Ciborium – **X**; Chalices – **O**



Pews

Comm Chant/Hymn: _____

Prayer After Communion

Any presentation for celebrant to make: _____

Closing Hymn: _____