

THE ARCHDIOCESE OF SAN FRANCISCO

OFFICE OF THE AUXILIARY BISHOP

ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6601 (415) 614-5611

SCHEDULED LITURGY FOR BISHOP ROBERT CHRISTIAN

PLEASE COMPLETE, SAVE AS A PDF AND EMAIL THIS FORM TO LEES@SFARCH.ORG

TITLE OF THIS LITURGY: _____

NAME AND ADDRESS OF PARISH OR SITE: _____

DAY & DATE OF LITURGY: _____

START TIME: _____ ESTIMATED END TIME: _____

PASTOR: _____ PARISH PHONE: _____

PAROCHIAL VICARS/PRIESTS IN RESIDENCE/ SIGNIFICANT STAFF: _____

DEACON(S), IF ASSIGNED: _____

(NOTE: Please contact the Diaconate Office at the Pastoral Center at 415-614-5531 to request all deacon assignments. If Liturgy Service/Mass is located at SAINT MARY'S CATHEDRAL, please REQUEST that there be three Deacons assigned.)

HOMILIST: _____ PRAYER OF FAITHFUL: _____

MASTER OF CEREMONIES: _____ (ASSIGNED BY BISHOPS' OFFICE)

LIST READINGS: _____

COLOR OF VESTMENTS: _____ PRIMARY LANGUAGE AT THIS MASS: _____

CONCELEBRANTS: _____

SIGNIFICANT PEOPLE ATTENDING: _____

RECEPTION TO FOLLOW? _____ IF YES, INDICATE TIME: _____

MEAL BEFOREHAND? _____ MEAL TO FOLLOW? _____ IF YES TO EITHER, INDICATE TIME: _____

ADDITIONAL INSTRUCTIONS? _____

PARKING INSTRUCTIONS: _____

Form Completed by: _____ Phone: _____

Date (please return at least 10 days before Liturgy): _____

*Please attach any additional information that Bishop should know in preparing for this liturgy.
Thank you!*