

# 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 BILL JUSTICE

PLEASE COMPLETE AND EMAIL THIS ONLINE 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: \_\_\_\_\_

ASSIGNED DEACON(S): \_\_\_\_\_

**(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 Justice should know in preparing for this liturgy.  
Thank you!*