

FUNERAL RITE SELECTIONS

(PLEASE complete this form and return it to your Bereavement Minister at least one day prior to funeral mass)

DECEASED _____ AGE _____

VIGIL

MINISTER _____ DATE/TIME _____

LOCATION _____

SPECIAL REQUESTS _____

FUNERAL MASS

MINISTER _____ DATE _____ TIME _____

LOCATION _____

FIRST READING - READER* _____

THROUGH DEATH TO LIFE - Section C selection # _____

RESPONSORIAL PSALM - SUNG/READ BY _____

THROUGH DEATH TO LIFE - Section D selection # _____

SECOND READING - READER* _____

THROUGH DEATH TO LIFE - Section E selection # _____

GOSPEL READING - Selected and read by the priest celebrating the funeral mass

HOST & WINE GIFTS PRESENTED* BY _____ & _____

OPTIONAL SPECIAL GIFT(S) _____ PRESENTED BY _____

EULOGY* AT MASS _____

GRAVESIDE SERVICES

MINISTER _____ LOCATION _____

SPECIAL REQUESTS _____

**See the attached policy for participants.*