



FUNERAL RITE SELECTIONS

FUNERAL MASS

DECEASED: _____ AGE _____

Contact: _____ Tel. # _____ Email: _____

MEMORIAL MASS

Urn: YES NO

MORTUARY: _____

VIGIL/VIEWING

LOCATION _____ DATE _____ TIME _____

ROSARY YES NO Location: _____ Date: _____ Time: _____

DATE: _____ Time: _____ Location _____

Officiating Priest _____ Bereavement Minister: _____

FIRST READING: _____

Name of Reader

(Please Select from pages 1-9)

RESPONSORIAL PSALM: _____

Name of Reader or Cantor: ____ Read or ____ Sung

Psalm

SECOND READING: _____

Name of Reader

(Please select pages 10-27)

GOSPEL READING: _____ (Please select from pages 28-48)

Note: Usually chosen by the Officiating Priest but family has the option to choose from the selection

GENERAL INTERCESSION/PRAAYER of the FAITHFUL: _____

Name of Reader

OFFERTORY BY: _____ & _____

Note: No procession of Host/Wine by the family due to the COVID-19 pandemic

EULOGY AT MASS _____ & _____

GRAVESITE SERVICES

MINISTER: _____ LOCATION: _____

Date: _____ Time: _____

SPECIAL REQUESTS: _____