

FUNERAL MEMORIAL MASS PREPARATION

Funeral Home/Mortuary: _____

Name of Decedent: _____

DOB: _____ Date of Death: _____

Body: _____ Cremated Remains: _____ DoD Veteran: _____

Funeral Date/Time: _____

Presider: _____

Reception at: _____ Approx #: _____

Number of reserved family seating for funeral: _____

Burial/Inurnment at: _____ Date/Time: _____

Is a Presider needed? Yes _____ No _____ Who? _____

• Will the family be using pallbearers? Yes _____ No _____

• Is there a scanned picture for the Order of Service? _____

Liturgy of the Word

• **First Reading:**

Reading Number: _____ Page: _____

• **Responsorial Psalm:** *The Lord is My Shepherd*

• **Second Reading**

Reading Number: _____ Page: _____

*** Are there family member(s) or friend(s) who wish to read these scriptural passages?

Yes _____ No _____

Lector: First Reading: _____

Lector: Second Reading: _____

• Gospel (Presider)

Reading Number: _____ Page: _____

Liturgy of the Eucharist

• **Presentation of the Gifts:** (Offertory)

Do you wish to have family members or friends bring the gifts forward?

Yes _____ No _____

Number of person(s): _____ (usually at least 2)

• Do you have family members or friends who are mandated Extraordinary Ministers of Holy Communion (EMHC) (who will be available for this Mass)? How many? _____

Name(s): _____

• **Will there be any eulogy(s)? (at vigil/reception)** Yes ___ No ___

Name(s): _____

• **Songs (5):** (processional, gospel acclamation, offertory, communion, and recessional) _____

• **Musicians/Vocalist:**

_____ / _____

• **3 Altar Servers:**

_____ / _____ / _____

• **Sacristan:** _____

• Are there any audio/visual needs for Social Hall? Yes _____ No _____
(* Family provides media and computer; set-up is 1 hour before the liturgy.)

• Parish Mass (After Communion Announcement)? Yes _____ No _____

• Is a table(s)/easel for pictures/momentos needed? Yes _____ No _____
(in Gathering Space / in Social Hall)

Additional Comments:

Administrative Fees: _____ Musician/Cantor
(appropriate money gift per person desirable)

—————> (** General personal information on deceased):

VIGIL SERVICE/VISITATION

*** Will there be a Vigil Service/Visitation? Yes ____ No ____

Where? Funeral Home/Mortuary: ____ Church: ____

Funeral Home/Mortuary: _____

Name of Decedent: _____

DOB: _____ Date of Death: _____

Body: ____ Cremated Remains: ____ DoD Veteran: ____

Date: _____ Time: _____

Church: Number of reserved family seating for the vigil: _____

Is a Presider needed? Yes ____ No ____

Who? _____

*** Is a Rosary requested?
Yes ____ No ____

By: _____

Date: _____ Time: _____

- Will a meditation CD need to played? (Provided by family?)
Yes ____ No ____

Liturgy of the Word

- **First Reading:** 2 Corinthians 5:1, 6-10 or 1 John 3:1-2

Is there a family member or friend who wishes to read this Scripture?
Yes ____ No ____

Lector: _____

- **Responsorial Psalm:** Psalm 75 or 91

*** Will this Responsorial Psalm be recited by the lector or sung by the cantor?

Reader ____ Cantor ____

- **Gospel (Presider)** Gospel of Luke 12:35-40 or John 14:1-6
- **Will there be any eulogy(s)?** Yes ____ No ____
Name(s): _____
- **Songs (3):** (processional, gospel acclamation and recessional)

- **Musicians/Vocalist:**
_____ / _____

Additional Comments:

Administrative Fees: ____ Musician
(appropriate monetary gift desirable)

Will the family have personal momentos, photographs, etc., belonging to the departed loved one, which they would like to be displayed on a memory table (4'X18")? Yes ____ No ____

Is an easel needed? Yes ____ No ____

→ (** General personal information on deceased: where born, hobbies, spouse's names, children's names, etc.)
Please use an additional piece of paper, if/as needed.

