

# Funeral/Memorial Mass Planning Form

Name of Deceased: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_ Time: \_\_\_\_\_

First Reading - Old Testament (choose one reading from # 1 - 9)

Reading # \_\_\_\_\_ Name of Reading: \_\_\_\_\_

Second Reading - New Testament (choose one reading from # 10 - 24)

Reading # \_\_\_\_\_ Name of Reading: \_\_\_\_\_

Gospel – Priest reads (choose one from # 25 – 34)

Reading # \_\_\_\_\_ Name of Reading: \_\_\_\_\_

## Music

(Please choose 4 hymns from the list provided)

Entrance: \_\_\_\_\_

Offertory: \_\_\_\_\_

Communion: \_\_\_\_\_

Recessional: \_\_\_\_\_

If you have any questions, please contact the  
parish office [mhankey@assumptionwestport.org](mailto:mhankey@assumptionwestport.org) or 203-227-5161.