

Funeral/Memorial Mass Planning Form

Name of Deceased: _____

Date of Funeral: _____ Time: _____

Placing of the Pall (for caskets only): Yes or No (*circle one*)

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

Reading # _____ Name of Reading: _____

Read by: _____ Relationship to the deceased: _____

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

Reading # _____ Name of Reading: _____

Read by: _____ Relationship to the deceased: _____

Gospel – read by Priest (choose one from # 25 – 34)

Reading # _____ Name of Reading: _____

Presentation of Gifts (bread & wine) - names and relationship to the deceased:

1. _____

2. _____

Music

(Please choose 4 hymns from the list provided)

Entrance: _____

Offertory: _____

Communion: _____

Recessional: _____

Please email completed form to Michelle Hankey at mhankey@assumptionwestport.org
or call 203-227-5161 with any questions.