

FUNERAL REQUEST FORM

Name of Deceased: _____ Age: _____

Place of Baptism: _____ Date of Death: _____

Date of Funeral: _____ Funeral Parlor: _____

Date/Time at Funeral Parlor: _____ & _____ AM/PM Communion Mass? No ___

Place of Funeral: _____ Time of Viewing: 9:00 AM

Place of Burial: _____ Time of Service: 10:00 AM

Name of Applicant: _____ Relationship to Deceased: _____

Home Address: _____

Telephone #: _____ H _____ C _____ Other

Church Donation: _____ Name of Required Priest: _____

Name of Organist: _____ Organist Fee: _____

Name of Cantor/Commentator: _____

ORDER OF SERVICE FOR FUNERALS

(Please follow this format)

Eulogy (*Name of individual reading Eulogy*): _____

Blessing of the Body at the entrance door of the Church by: _____

Entrance Hymn: _____

Greeting and Opening Prayer: _____

First Reading (*Old Testament*): _____

Responsorial Psalm (*Recited or Sung*): _____

Second Reading (*New Testament*): _____

Gospel Acclamation: _____

Gospel Reading by (*Deacon*): _____

Homily: _____

Prayer of Intercession

Reflection Hymn: _____

Final Commendation and Farewell

Recessional Hymn: _____

N.B ADDITIONAL HYMNS OR REMARKS MAY BE MADE AT THE FUNERAL HOME OR AT THE GRAVESITE.