

II FUNERAL ARRANGEMENT PREFERENCES

1. Vigil Service:

Presider: _____

Homilist: _____

Scripture Readings:

Other Notes: _____

2. Mass of Christian Burial:

Presider: _____

Homilist: _____

Concelebrants:

Rev. _____

Rev. _____

Rev. _____

Assisting Deacons:

Deacon _____

Deacon _____

Readers:

1st Reading: _____

2nd Reading: _____

Intercessions _____

Scripture Readings:

1st Reading: _____

(Scripture Passage) (Lectionary No.)

2nd Reading: _____

(Scripture Passage) (Lectionary No.)

Gospel: _____

(Scripture Passage) (Lectionary No.)

Gift Bearers _____

Liturgical Music:

Prelude _____

Opening _____

Responsorial Psalm _____

Preparation of Gifts _____

Communion _____

Song of Farewell _____

Closing _____

Postlude _____

Other Requests: _____

III BURIAL ARRANGEMENTS

1. FUNERAL DIRECTOR:

Name: _____

Address _____

Phone: (____) _____

Burial Clothing: _____ Alb & Stole _____ Secular Clothing

2. CEMETERY

Name _____

Address _____

Phone _____

Grave Site _____

IV AUTHORIZATION

Deacon's Signature: _____ (Date)

Spouse's/Representative's Signature: _____ (Date)

Received by Clergy Personnel Office: _____ (Date)