

St. Joseph's Bereavement Ministry



"Blessed are they who mourn, for they shall be comforted." Luke 6:21

FUNERAL OR MEMORIAL SERVICE INFORMATION FORM

Name of the Deceased (first, middle, last): _____

Date of Birth: _____ Date of Death: _____ Age at death: _____

Name(s) of parent(s) or spouse (state relationship to deceased):

Name & phone numbers of contact person(s) (state relationship to deceased):

Service Date & Time: _____

Funeral Mass (Casket _____ or cremation _____) or Memorial Mass _____

Celebrant(s): _____

Mortuary: _____ Contact name & number: _____

Graveside service:

Date & time of burial: _____ Place of burial: _____

Liturgy:

Eulogy/Words of Remembrance presented by:

Family/Friend: _____

Pallbearers: (list names): _____

Presenters of Gifts of Bread and Wine (ideally 2 people)

Altar Server (usually supplied by parish): _____

Eucharistic Ministers (usually supplied by parish): _____

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Musicians (usually supplied by parish): _____

How many people do you estimate to participate at Mass?

50 100 150 200 250+ Other _____

Will there be a reception at the church after Mass or after graveside service?

When: _____ Where: _____

Liturgy of the Word

Please see other file for suggested Scripture readings. Please list book, chapter and verse of Scripture and text number, for example: Wisdom 3:1-9 (OT 2)

First Reading: _____

Read by: _____

Responsorial Psalm: _____

(Usually sung when there is a cantor.)

If no music, read by: _____

Second Reading: _____

Read by: _____

Gospel (read by deacon or priest): _____

General Intercessions: (suggested text is last page of Scripture file)

Read by: _____

Optional: List the names of the deceased family members you would like to pray for during the Intercessions. _____

Music/Hymns for Liturgy

Processional: _____

Communion: _____

Recessional: _____