

**Our Lady of the Assumption
Ministry of Hope**

Is there a reason that incense cannot be used? Yes/No Allergy, etc.

Funeral Mass for _____ **Refer to as:** _____
at _____ (location) on _____ (date) at _____ (time)

Next of Kin and relation to deceased _____

Address _____

Telephone _____

Names and relation of other family members _____

Entrance Hymn _____

Will anyone be placing the pall on the casket? Yes / No If YES, then whom? _____

Readings

Old Testament Reading _____

Reader _____

Responsorial Psalm _____

New Testament Reading _____

Reader _____

Prayer of Petition

Participants _____

Offertory Hymn _____

Gifts – 2 _____

Communion Hymn _____

Eulogy – Is a Eulogy desired? If so, who will offer it? Remind family that a Eulogy should not be more than 3-5 minutes and only given by one person.

Recessional Hymn _____

Additional pertinent information concerning the bereaved family/friends that might be helpful to the Celebrant.

Obituary _____ Yes / _____ No If no, funeral home. See additional page.

Intake completed by _____ Tel _____

Date _____ Time _____