

St. Joseph the Worker Parish Catholic Funeral Planner

Name of Deceased: _____

Funeral Date: _____ Time: _____

Location: _____

Reading Choices: Please write the **reading number** in the space provided.

Old Testament Reading # O _____ Reader: _____

Psalm # P _____ Organist/Cantor

New Testament Reading # N _____ Reader: _____

The Gospel will be chosen by the Celebrant or in consultation with him.

Will the family be presenting the gifts? ____ YES ____ NO

If YES, how many gift bearers? (Please check one) ____2 ____3 ____4

Hymns: Please write the **name of the hymn** in the space provided.

Entrance: _____

Preparation of the Altar: _____

Communion: _____

Optional Communion Meditation: Please check one.

____ Ave Maria ____ Panis Angelicus

Recessional: _____

Please complete this document and save it to your computer. Then email the saved document to JKosar@SJWPitt.org

Please keep in mind that secular and pre-recorded music is not appropriate for the Funeral Mass