



OUR LADY OF PERPETUAL HELP ST. MARY'S CATHOLIC CHURCH

www.stmarysalbany.com

Funeral Service Form

Name of Deceased: _____
 Date of Birth: _____ Date of Death: _____
 Contact Person: _____ Email: _____
 Address: _____
 Phone: _____
 Funeral Home: _____ Representative: _____
 Military Service (branch, years, discharged, honors...): _____

LITURGY

Rosary/Vigil Prayer

Date: _____ Time: _____ Place: _____
 Leader: _____

Mass Memorial

of People: _____

Date: _____ Time: _____ Place: _____
 Celebrant: _____ (if visiting) Approved Yes No

Place of Interment: _____

Date: _____ Time: _____
 Celebrant: _____

Casket
 Pall Bearers:

Casket
 Placing the Pall:

Cremation Remains
 Urn Bearer:

Chosen Readings

Who will Read

Who will bring the Gifts

1st: _____

2nd: _____

Gospel: _____

Prayers of the Faithful: _____

Remembrances after the Communion Prayer (2mins): _____

Selected Songs

Entrance Hymn: _____

Responsorial Psalm: _____

Preparation of Gifts: _____

Communion: _____

Recessional: _____

Memorium Donations to be given to: _____

Tell us about the deceased: _____

Program: Picture Received from: _____
 Preprinted _____

Reception None After Mass

Reception Confirmed Yes No Dessert Full - (luncheon)

Display Tables, mics or other items needed: _____

Musicians Confirmed: (P) _____ (V) _____

Payments made: _____