



DIVINE MERCY

Catholic Parish

Loving Mercifully. Living Marian.

Divine Mercy Catholic Church

Funeral Liturgy Guide

NAME OF DECEASED: _____ AGE: _____

DATE OF DEATH: _____

ADDRESS OF DECEASED: _____

SPOUSE: _____

SONS: _____

DAUGHTERS: _____

GRANDCHILDREN: _____

CONTACT PERSON: _____ PHONE # _____

ADDRESS: _____

FUNERAL HOME: _____

PHONE: _____

VISITATION DATE: _____ TIME: _____

FUNERAL SERVICE:

PLACE: _____

DATE: _____ TIME: _____

CELEBRANT: _____

(PLEASE CHECK ONE): ☐ MASS ☐ WORD SERVICE

PLACE OF BURIAL: _____

WOULD A FAMILY MEMBER OR FRIEND LIKE TO DELIVER “WORDS OF REMEMBRANCE”? (PLEASE CHECK)

☐ YES ☐ NO

Please read and follow the “Words of Remembrance” Guidelines

A Eulogy is Not Permitted.

SPEAKER _____ PHONE #: _____

LITURGY PLANNING FOR MASS

INTRODUCTORY RITES

ENTRANCE SONG: _____

PLACING OF PALL: *(PLEASE CHECK ONE)*

☐ BY FUNERAL HOME

☐ BY FAMILY MEMBERS:

1. _____ 2. _____

3. _____ 4. _____

PLACING OF CHRISTIAN SYMBOL: *(PLEASE CHECK ONE)*

☐ CROSS

☐ BY PRIEST

☐ BY FAMILY MEMBER:

NAME OF FAMILY MEMBER _____

LITURGY OF THE WORD

FIRST READING: # _____ READER: _____

RESPONSORIAL PSALM: # _____

(PLEASE CHECK ONE) ☐ SUNG ☐ RECITED BY: _____

SECOND READING: # _____ READER: _____

GOSPEL: THE PRESIDER WILL CHOOSE THE GOSPEL

HOMILY

(PLEASE INDICATE ANY INFORMATION THAT MIGHT BE HELPFUL TO THE HOMILIST)

DECEASED: ☐ MARRIED ☐ WIDOWED/ER ☐ SINGLE

OF CHILDREN _____ NAMES _____

OF GRANDCHILDREN _____ NAMES _____

ACTIVE MEMBER OF PARISH? *(PLEASE CHECK)* ☐ YES ☐ NO

ANY OTHER SPECIAL COMMENTS ABOUT THE DECEASED: _____

GENERAL INTERCESSIONS: *READ BY PRIEST*

LITURGY OF THE EUCHARIST

PRESENTATION OF GIFTS BY: _____

SONG FOR THE PRESENTATION OF GIFTS: _____

SANCTUS: *(SHOULD ALWAYS BE SUNG)*

DOXOLOGY: *(SHOULD ALWAYS BE SUNG)*

GREAT AMEN: *(SUNG IF DOXOLOGY IS SUNG)*

OUR FATHER: *(PLEASE CHECK)* ☐ SUNG ☐ RECITED

LAMB OF GOD: *(SHOULD ALWAYS BE SUNG)*

COMMUNION OF RITE: *COMMUNION WILL ONLY BE GIVEN UNDER ONE SPECIES*

COMMUNION SONG: _____ # _____

MEDITATION SONG: *(PLEASE CHECK)* ☐ YES ☐ NO

TITLE _____ # _____

ADDITIONAL COMMENTS:

OFFICE USE ONLY:

☐ COPY OF FORM GIVEN TO CELEBRANT

☐ MASS INTENTION MAILED

☐ BREAVEMENT LETTER MAILED