Funeral/Memorial Mass Plan - St. Rose Church

Name of deceased: _____ Date of Death: _____

Date of Birth: _____

Contact Person for Family: Name, phone number and email:

_____

Visitation/Wake:

Date, time and place: _____

Funeral/Memorial Mass:

Date, time and place: _____

O.T. Reading: _____ N.T. Reading: _____

Responsorial Psalm: _____ Gospel: _____

(sung by cantor) (read by priest or deacon)

MUSIC: Please choose four hymns: 1. _____

2. _____ 3. _____

4. _____ Prelude (optional): _____

Final Commendation Hymn (when body is present) - Choose from three:

1) Song of Farewell (Old Hundredth)

2) May the Angels Be Your Guide

3) O Loving God (Londonderry Air)

Cantor: _____

Reader (1 or 2): _____ _____

Gift bearers (2 or 3): _____ _____

Altar Servers (2): _____ _____

LUNCHEON PREPARED BY WOMEN'S GUILD YES ___ NO ___ # PEOPLE _____

QUESTIONS: Fr. Marc or the church office (Sharon): 309-833-2496

Donella Anderson: 309-255-7717 or gumby@macomb.com