

Immaculate Conception BVM Church  
 York, Pennsylvania  
 Funeral Mass / Service



Full Name of Deceased:

\_\_\_\_\_

Date, Time, and Location of PRINCIPAL LITURGY:

\_\_\_\_\_

Date, Time, and Location of VIEWING / VISITATION

\_\_\_\_\_

Date, Time, and Location of BURIAL

\_\_\_\_\_

Funeral Home \_\_\_\_\_

**Family Contact Information**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Liturgical Planning**

1st Reading (OT)

\_\_\_\_\_

Responsorial Psalm/Canticle

\_\_\_\_\_

2nd Reading (NT)

\_\_\_\_\_

Gospel

\_\_\_\_\_

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Entrance Chant

\_\_\_\_\_ # \_\_\_\_\_

Chant at the Preparation of Altar & Gifts

\_\_\_\_\_ # \_\_\_\_\_

Communion Chant

\_\_\_\_\_ # \_\_\_\_\_

Hymn of Praise after Communion? (yes) (no)

\_\_\_\_\_

Recessional Hymn

\_\_\_\_\_ # \_\_\_\_\_

**Liturgical Ministers**

Celebrant: \_\_\_\_\_

Organist: \_\_\_\_\_

Cantor: \_\_\_\_\_

Choir Called: (yes) (no)

Lector(s): 1) \_\_\_\_\_

2) \_\_\_\_\_

Presentation of Gifts:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Remarks after Communion? (yes) (no)

Has the family requested a Bereavement Luncheon?

(yes) (no)

Has the family called the Bereavement Group?

(yes) (no)