

St. Jude Shrine R.C. Church

If we die with Christ, we shall live with him, and if we are faithful to the end, we shall reign with him. (2 Timothy 2:11b-12a)



Funeral Mass Planning Sheet

Name of the Deceased: _____

Date of Mass: _____ Day: _____ Time: _____

Mass Language: _____ Will Family Provide Musicians? _____

Music Requests (Please see Music Selection List)

Entrance Hymn: _____

Offertory Hymn: _____

Communion Hymn: _____

Recessional Hymn: _____

Check here to have a member of our Music Ministry select the music.

Reading Selections (Please see Reading Selection List)

Old Testament: _____ Name of Reader: _____

New Testament: _____ Name of Reader: _____

Check here to have a member of the Ministry of Consolation proclaim the Readings.

Prayer of the Faithful

If there are other relatives or friends you would like to be prayed for in addition to the deceased, please list them here:

Offertory

Please indicate 2-4 family members who will bring up the gifts during the offertory.

1. _____ 2. _____
3. _____ 4. _____

Personal History/ Background Information

Please be as detailed as possible, this helps our ministry better serve the family.

Name of the Deceased _____

Common Name or Nickname _____

Place of Birth _____ Date of Birth _____

Did the Deceased have an extended illness? [] Yes [] NO If yes, how long? _____

Was the Deceased anointed before dying? Yes or NO. If yes, how long before _____

Cause of Death _____ Date of death _____

Who was the primary caregiver? _____

Deceased Occupation _____

Personal Qualities _____

Special Interests/Hobbies/Talents _____

Civic Involvement/Military Service _____

Marital Status

Married in Church Married Civilly Single Divorced

Name of spouse _____ How many years? _____ Living Deceased

If divorced/widowed: Remarried in Church Remarried civilly Never remarried

If remarried, name _____ How many years _____ Living Deceased

Family Information

Names of Children _____

Names of Grandchildren _____

Names of Siblings _____

Names of Parents _____
_____ Living Deceased

Other Family Members or Best Friends _____

Faith Life

Was the Deceased a parishioner: Yes No If yes, how many years? _____

Mass Attendance: Daily Sundays & Holy Days Regularly until illness Rarely Never

Was the Deceased involved in any parish ministry or organization: Yes No

If so, which ones: _____