

Our Lady of Good Counsel Funeral Preparation Form

Name of Deceased _____

Date of Funeral _____ Time of Viewing _____ Time of Mass _____

Contact Name _____

Contact Phone # _____ E-mail _____

Parish Representative _____

Placing of the Pall _____ by family _____ by Funeral Director _____ Cremation—No Pall

Procession of Gifts _____ yes (by _____) _____ No

<u>Selection</u>	<u>Readings</u>	<u>Read By</u>
1 st Reading:	_____	_____
2 nd Reading:	_____	_____
<i>The Psalm is chosen by the cantor and organist, and the Gospel is chosen by the priest celebrant.</i>		
Intercessions:	_____ Form A _____ Form B	_____
<u>Musical Choices</u>		
Entrance Hymn:	_____	
Hymn for the Presentation of the Gifts:	_____	
Communion Hymn:	_____	
Meditation Hymn (if desired):	_____	
Recessional Hymn:	_____	

Comments/Additional Information _____
