

**ST. MARY QUEEN OF CREATION
FUNERAL MASS**

PLEASE FILL-IN YOUR SELECTIONS BELOW

NAME OF THE DECEASED: _____

NAME TO USE DURING THE PRAYERS OF THE MASS: _____

DATE OF FUNERAL: _____

PLACING OF THE PALL: _____ **OR** _____
FUNERAL HOME **FAMILY MEMBERS**

FIRST READING – OLD TESTAMENT:

Reading Number: _____ **Scripture Passage:** _____ **Page Number:** _____

SECOND READING – NEW TESTAMENT:

Reading Number: _____ **Scripture Passage:** _____ **Page Number:** _____

PRESENTATION OF GIFTS:

1: _____ **2:** _____

3: _____ **4:** _____

5: _____ **6:** _____

MUSIC SELECTIONS:

1: _____ **2:** _____

3: _____ **4:** _____

PALL BEARERS:

1: _____ **2:** _____

3: _____ **4:** _____

5: _____ **6:** _____

Please present this form to the funeral director or the parish office the day before the Mass.