

THE CHURCH OF SAINT JOSEPH
FUNERAL MASS INFORMATION

PLEASE RETURN THIS SHEET TO THE FUNERAL DIRECTOR

FUNERAL OF: _____

DATE OF DEATH: _____ **FUNERAL HOME:** _____

AGE OF DEATH: _____ **CEMETERY:** _____

NEXT OF KIN: _____

FIRST READING (OLD TESTAMENT) SELECTION: _____

Please list your readings as cited, i.e. (2 Maccabees 12:1 - etc.)

READ BY: _____

SECOND READING (NEW TESTAMENT) SELECTION: _____

Please list your reading as cited, i.e. (Romans 6:3 - etc.)

READ BY: _____

PRAYER OF THE FAITHFUL **READ BY:** _____

OFFERTORY GIFTS **BROUGHT UP BY:** _____

OPTIONAL EULOGY: **READ BY:** _____

Marital Status of Deceased: Single Married Separated Divorced Widowed

Name of Spouse: _____ **Living** **Deceased**

Number of Children: _____ **Names:** _____

Occupation: _____

Additional Information About the Deceased:

