

ST. ALPHONSUS CHURCH

FUNERAL SERVICE GUIDE

Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

LITURGY OF THE WORD

(From "Through Death to Life")

First Reading (Old Testament)

Number/Citation	Page #	Reader
_____	_____	_____

Second Reading (New Testament)

Number/Citation	Page #	Reader
_____	_____	_____

Prayer of the Faithful (or you may write your own)

Number/Citation	Page #	Reader
_____	_____	_____

LITURGY OF THE EUCHARIST

Presentation of the Gifts

Bread and Wine presented by

_____ Relationship _____

_____ Relationship _____

Remarks of Remembrance (3 Minutes) Yes _____ No _____

By whom _____ Relationship _____

HYMNS

Opening Hymn _____

Offertory Hymn _____

Communion Hymn _____

Meditation Hymn_____

Recessional Hymn_____

FAMILY CONTACT INFORMATION

Family Contact _____ Phone _____

Funeral Director_____ Phone_____

It is the desire of the St. Alphonsus community to remember the deceased and his/her family on All Souls Day. For that reason, we would like a family member's name, address and phone number so that we may be in touch at that time.

You may return this form to the parish office by email: parishoffice@stalphonsushopewell.org