



Funeral Selections

Name of Deceased: _			Date:	
Celebrant/ Rev:			Time:	
Contact Person/ Rela	ation to the dec	ceased:		
Please indicate your s (available in the Paris		_	a Catholic Christian Funeral	
		ne from O-1 – O-7, pp. 16-19 t Sunday, from E1 – E-4, pp.	0 (or during the Easter Season 19-21):	
Number:	Page:	Scripture Cite:		
To be proclaimed	l by:			
Responsorial Psalm	(if there is no so	oloist/cantor) – choose one fr	om R-1 – R-10, pp. 21-26:	
Number:	_ Page:	Scripture Cite:		
To be proclaimed	l by (if there is	no soloist/cantor):		
New Testament Reac	ding – choose o	one from N-1 – N-14, pp. 27-	33:	
Number:	_ Page:	Scripture Cite:		
To be proclaimed	l by:			
Gospel – choose one	from G-1 – G-1	19, pp. 33-44 (proclaimed by	the priest or deacon):	
Number:	_ Page:	Scripture Cite:		
Prayer of the Faithfu	ıl – choose one	e from P-1 – P-2, pp. 44-46:		
Number:	_ Page:	<u> </u>		
To be led by:				
Presentation of Gifts	s – bread and wi	ine to be brought forward by	(Select 2 People):	