

ST. IGNATIUS FUNERAL INFORMATION

Deceased Full Name _____

Date of Death _____

Age _____ Location of Death _____

Has received Sacraments? _____

Nearest Relative Name _____

Relationship _____

Phone _____

Email _____

Relative's Address _____

Reason for Funeral: Parishioner BC Alumni Other _____

Other family contact if above is not planning the funeral

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Funeral Home _____

Contact Name _____ Phone _____ Email _____

Address _____

Wake at Funeral Home? _____ Date/Time _____

Funeral Mass Date _____

Do you have a Priest or need a St. Ignatius Priest? _____

Casket Present Yes No Cremation Yes No Burial Yes No

Cemetery _____ Graveside Service Yes No

Pallbearers Names

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Will the family/friends bring up the gifts? Yes No

Gift Bearers (two or three)

Selected Readings and Reader's Name(s)

Will someone be doing the Readings and Prayers of the Faithful? Yes No

First Reading (Old Testament or New Testament at Easter time) _____

Read by _____

Second Reading (New Testament) _____

Read by _____

Gospel (chosen and ready by the priest) _____

Prayers of the Faithful (indicate which sample option or if you are writing your own) _____

Read by _____

Words of Remembrance? Yes No If Yes, Speaker's Name _____

Music Selections (additional musicians available)

Select one from each group on Music Selection Sheet

Gathering _____

Responsorial Psalm _____

Preparation of the Gifts _____

Communion _____

Post Communion (optional) _____

Song of Farewell _____

Recessional _____

For questions or additional information,
please contact Carol Russo at russocu@bc.edu or 617.552.6102.