

# ST. JOAN OF ARC CATHOLIC CHURCH

## MY WISHES FOR MY FUNERAL MASS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**First Reading** - New Testament selection will only be used during Easter Season (from Easter to Pentecost)

**Old Testament:** \_\_\_\_\_ **New Testament:** \_\_\_\_\_

**Second Reading - New Testament:** \_\_\_\_\_

**Gospel Reading:** \_\_\_\_\_  I prefer the celebrant to choose this.

**Music selections** - Select up to 4. All hymns must be appropriate for a funeral. The Music Director may alter your selection if the resurrection choir is unable to sing the requested selection, though every effort is made to honor each request.

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Please notate any special requests on the back side of this form.

*\*Attach this form to: Healthcare Proxy, Living Will, and other important documents\**

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*\*Submit this form to the St. Joan of Arc Parish Office\**

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FOR OFFICE USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

***MY WISHES FOR MY FUNERAL MASS: SPECIAL REQUESTS***

Any special requests will be pending the approval of the parish.

**Special Request:**

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