Saint Michael Catholic Community	**Funerals: Readings Request Form**

Deceased: _____

Funeral Date: _____ Time: _____

Location: ☐ Day Chapel ☐ Sanctuary

Family Member: _____

Email: _____Phone: _____

Please choose your readings from our website and record the number shown in red from the left-hand side and the reading shown in red on the right-hand side. Also choose a reader for each of the readings. Submit your request to SMCC Secretary at lmorrison@saintmichael.ca.

Readings:

1st Reading: _____

Read By: _____

Responsorial Psalm: _____

Sung By the Musician: _____

2nd Reading: _____

Read By: _____

Gospel Reading: _____

Read By the Priest or Deacon:_____

Prayer of the Faithful: _____

Read By: _____