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Today's Date: \_\_\_\_\_

## ST. JUDE CATHOLIC CHURCH FINAL INSTRUCTIONS FOR MY FAMILY & FRIENDS

This guide has been produced by our parish as a convenience to help you organize various pieces of information. We cannot guarantee its completeness or the ability of your heirs or your parish to carry out any wishes expressed herein. This should not be a substitute for a will or for the legal advice of an attorney. File this information where it will be found easily upon your death. It is suggested that you notify your personal representative and heirs that this form has been completed for their information. While the parish has happily produced this for you, we can not store it for you.

### Section I - Personal

Full Name: \_\_\_\_\_  
First Middle Last (Maiden) Goes by

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Date Started \_\_\_\_\_ Retired? \_\_\_\_\_

Employer \_\_\_\_\_  
(You may wish to list various jobs held on the back of this page.)

### Section II - Documentation

Birth Certificate \_\_\_\_\_  
Location of original

Marriage License \_\_\_\_\_  
Location of original

Social Security Card \_\_\_\_\_  
SS # (last four digits) / Location of original

Medicare Card \_\_\_\_\_  
Medicare Type and Card # (last four digits) / Location of original

Medicaid Card \_\_\_\_\_  
Medicaid Qualification # (last four digits) / Location of original

Passport \_\_\_\_\_

DD-214 (Military Discharge Papers) \_\_\_\_\_  
Location of original

Citizenship Papers \_\_\_\_\_  
Location of original

Will \_\_\_\_\_  
Location of original/Date last updated

Living Will (Advance Medical Directives) \_\_\_\_\_  
Location of original/Date last updated

My income tax returns and supporting documentation are located: \_\_\_\_\_

**I have Durable Powers of Attorney in place.** \_\_\_\_\_  
Location of original

POA Full Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ POA Documentation:  Original  Copy

The following people also have Durable Power of Attorney and were given copies of the document:

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

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 **I have Medical Powers of Attorney in place.** \_\_\_\_\_  
Location of original

POA Full Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ POA Documentation:  Original  Copy

The following people also have Medical Power of Attorney and were given copies of the document:

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

Name \_\_\_\_\_ Phone: \_\_\_\_\_  Copy

-----  
 **Executor of Estate** \_\_\_\_\_  
Primary Name

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

**Executor of Estate** \_\_\_\_\_  
Secondary Name

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

**Section III - Military Service Information**

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Dates of Enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ I am entitled to Veteran' Benefits  Yes  No

*See page 1 for location of DD-214*

Served where/when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section IV - Medical Information**

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Fax:** \_\_\_\_\_ **Living Will on file in Physician's Office.**  Yes  No

**Specialist's Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Specialist's Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Specialist's Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you filled out an organ/tissue/body donation card?**  Yes  No \_\_\_\_\_  
Location of card

Have you made it known to your spouse, significant other or immediate next of kin that you are enrolled in the organ/tissue/body donation program?  Yes  No

**Section V - Legal Information**

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Services Performed by Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My attorney has copies of:

- Yes  No My Current Will
- Yes  No My Living Will
- Yes  No My Power's of Attorney
- Yes  No My Final Instructions

**Section V - Pension Information**

Financial Planner/Bank Manager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I have the following retirement funds:

Type of Fund	Value	Account Number (last four digits)

The Supporting Documentation is kept: \_\_\_\_\_

**Section VI - Insurance Information**

**Insurance Company Name:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Representative's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a lein against this policy?  Yes  No If yes, provide details about the person/company holding the lein.

Beneficiaries names on this policy:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

A copy of this policy is kept: \_\_\_\_\_

Yes  No I am still paying premiums. If yes, the premium end date is: \_\_\_\_\_

Is this a joint policy?  Yes  No If yes, joint policy holder's relationship: \_\_\_\_\_

Contact Name and phone number for Joint Policy Holder: \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Representative's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there a lein against this policy?  Yes  No If yes, provide details about the person/company holding the lein.

Beneficiaries names on this policy:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

A copy of this policy is kept: \_\_\_\_\_

Yes  No I am still paying premiums. If yes, the premium end date is: \_\_\_\_\_

Is this a joint policy?  Yes  No If yes, joint policy holder's relationship: \_\_\_\_\_

Contact Name and phone number for Joint Policy Holder: \_\_\_\_\_



**Section IX - Credit Card Information**

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
-----

**Credit Card Type:** \_\_\_\_\_ **Card Number (last four digits):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Is there an additional card holder?**  Yes  No

**If yes, name additional card holder:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



**Section XI - Utilities**

**Phone Company:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Cell Phone Carrier:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Internet Service Provider:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Cable/Satelite Provider:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Gas/Oil Company:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Electric Company:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No  
-----

**Water District:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Is there a deposit on this account?  Yes  No

*Please make copies and complete this section for each property owned.*

**Section XII - Automobile/Vehicle Information**

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Ownership Status:     Own             Leased             Financed to own

End of Lease/Finance Period: \_\_\_\_\_

Leasing/Finance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner's Name (if applicable): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

-----  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Ownership Status:     Own             Leased             Financed to own

End of Lease/Finance Period: \_\_\_\_\_

Leasing/Finance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner's Name (if applicable): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

-----  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Ownership Status:     Own             Leased             Financed to own

End of Lease/Finance Period: \_\_\_\_\_

Leasing/Finance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner's Name (if applicable): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

-----  
Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Ownership Status:     Own             Leased             Financed to own

End of Lease/Finance Period: \_\_\_\_\_

Leasing/Finance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner's Name (if applicable): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_



**Section XIV - Funeral Instructions**

Name, Address and Phone Number of person(s) to notify upon death:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

(You may wish to continue this list on the back of this page)

Circumstances permitting, I wish my funeral service to take place at:  Church  Funeral Home  Other

Please Specify

Address: \_\_\_\_\_

Street City State Zip

Pallbearers: (Names and phone numbers)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I wish to be:  burried  cremated

Burial location: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Disposition of the ashes: \_\_\_\_\_

(Cremated remains of the body should be reverently buried or entombed, not scattered or kept at home.)

Name on the Deed: \_\_\_\_\_ Location of Deed: \_\_\_\_\_

Section \_\_\_\_\_ Block/Garden \_\_\_\_\_ Lot/Row \_\_\_\_\_ Crypt \_\_\_\_\_

Pre-need Funeral Plan with: \_\_\_\_\_  Copy Attached

Funeral Home

Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ Contract or Policy No: \_\_\_\_\_

**If no pre-need arrangements have been made, please complete the following:**

Name of Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

**Section XIV - Funeral Instructions**

**Preferred Music Selections:** (see page 16 for music suggestions)

Processional: \_\_\_\_\_ Prelude: \_\_\_\_\_  
 Preparation: \_\_\_\_\_ Postlude: \_\_\_\_\_  
 Communion: \_\_\_\_\_ Other: \_\_\_\_\_  
 Communion: \_\_\_\_\_  
 Recessional: \_\_\_\_\_  
 Preferred Mass Setting (optional): \_\_\_\_\_

**Preferred Psalms & Scriptures:** (see page 14-15 for scripture selections)

First Reading: \_\_\_\_\_ Psalm: \_\_\_\_\_  
 Second Reading: \_\_\_\_\_ Gospel: \_\_\_\_\_

**Section XV - Family Registry**

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last (Maiden) Goes by

**Registry of Children**

Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_

**Registry of Grandchildren**

# \_\_\_\_\_ Grandchildren # \_\_\_\_\_ Great-Grandchildren # \_\_\_\_\_ Great-Great-Grandchildren  
 (You may want to make a complete listing on the back of this page.)

**Registry of Siblings**

Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ City/State: \_\_\_\_\_

**Deceased Members of the Family**

Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Scripture Selections for the Funeral Mass

### Reading 1 (Old Testament)

**2 Maccabees 12:46-46** – *He acted in an excellent and noble way as he has the resurrection of the dead in view.*

**Job 19:1, 23-27a** – *I know that my Vindicator lives.*

**Wisdom 3:1-9** – *As sacrificial offerings, he took them to himself.*

**Wisdom 4:7-15** – *An unsullied life, the attainment of old age.*

**Isaiah 25:6a, 7-9** – *He will destroy death forever.*

**Lamentations 3:17-26** – *It is good to hope in silence for the saving help of the Lord.*

**Daniel 12:1-3** – *Many of those who sleep in the dust of the earth shall awake.*

### Reading 1 (New Testament during the Easter Season)

**Acts of the Apostles 10:34-43** – *He is the one appointed by God as judge of the living and the dead.*

**Revelation 14:13** – *Blessed are the dead who die in the Lord.*

**Revelation 20:11-21:1** – *The dead were judged according to their deeds.*

**Revelation 21:1-5a, 6b-7** – *There shall be no more death.*

### Responsorial Psalms

**Psalm 23** – *Shepherd me, Oh God, beyond my wants, beyond my fears, from death into life or  
Though I walk in the valley of darkness, I fear no evil, for you are with me.*

**Psalm 25** – *To you, O Lord, I life my soul.*

**Psalm 27** – *The Lord is my light and my salvation.*

**Psalm 42** – *My soul is thirsting for the living God: when shall I see him face to face?*

**Psalm 63** – *My soul is thirsting for you, O Lord my God.*

**Psalm 103** – *The Lord is kind and merciful or The Salvation of the just comes from the Lord.*

**Psalm 116** – *I will walk in the presence of the Lord in the land of the living.*

**Psalm 122** – *Let us go rejoicing to the house of the Lord.*

**Psalm 130** – *Out of the depths, I cry to you, Lord or I hope in the Lord, I trust in his word.*

**Psalm 143** – *O Lord, here my prayer.*

### Reading 2 (New Testament)

**Romans 5:5-11** – *Since we are now justified by his Blood, we will be saved through him from the wrath.*

**Romans 5:17-21** – *Where sin increased, grace overflowed all the more.*

**Romans 6:3-9** – *We too might live in newness of life.*

**Romans 8:14-23** – *We also groan within ourselves as we wait for adoption, the redemption of our bodies.*

**Romans 8:31b-35, 37-39** – *What will separate us from the love of Christ?*

**Romans 14:7-9, 10c-12** – *Whether we live or die, we are the Lord's.*

**1 Corinthians 15:20-28** – *So too in Christ shall all be brought to life.*

**1 Corinthians 15:51-57** – *Death is swallowed up in victory.*

**2 Corinthians 4:14-5:1** – *We is seen is transitory, but what is unseen is eternal.*

**2 Corinthians 5:1, 6-10** – *We have a building from God, eternal in heaven.*

**Philippians 3:20-21** – *He will change our lowly bodies to conform to his glory.*

**1 Thessalonians 4:13-18** – *Thus we shall always be with the Lord.*

**2 Timothy 2:8-13** – *If we have died with him, we shall also live with him.*

**1 John 3:1-2** – *We shall see him as he is.*

**1 John 3:14-16** – *We know that we have passed from death to life because we love our brothers.*

## Gospel

**Matthew 5:1-12a** – *Rejoice and be glad, for your reward will be great in heaven.*

**Matthew 11:25-30** – *Come to me and I will give you rest.*

**Matthew 25:1-13** – *Behold the bridegroom! Come out to him!*

**Matthew 25:31-46** – *Come, you who are blessed by my Father.*

**Mark 15:33-39, 16:1-6** – *Jesus gave a loud cry and breathed his last.*

**Luke 7:11-17** – *Young man, I tell you, arise!*

**Luke 12:35-40** – *You also must be prepared.*

**Luke 23:33, 39-43** – *Today you will be with me in Paradise.*

**Luke 23:44-46, 50, 52-53; 24:1-6a** – *Father, into your hands I commend my spirit.*

**Luke 24:13-35** – *Was it not necessary that the Christ should suffer these things and enter into his glory?*

**John 5:24-29** – *Whoever hears my word and believes has passed from death to life.*

**John 6:37-40** – *Everyone who sees the Son and believes in him may have eternal life and I shall raise him up on the last day.*

**John 6:51-59** – *Whoever eats this bread will live forever, and I will raise them up on the last day.*

**John 11:17-27** – *I am the resurrection and the life.*

**John 11:32-45** – *Lazarus, come out!*

**John 12:23-28** – *If it dies, it produces much fruit.*

**John 14:1-6** – *In my father's house, there are many dwellings.*

**John 17:24-26** – *I wish that where I am, they also may be with me.*

**John 19:17-18, 25-39** – *And bowing his head, he handed over his Spirit.*

## Music Suggestions for the Funeral Mass

### Traditional

### Contemporary

#### Processional Hymns

**At the Lamb's High Feast We Sing** - *Worship 459*  
**For All the Saints** - *Worship 705*  
**I Want to Walk as a Child of the Light** - *Worship 510*  
**O God Our Help in Ages Past** - *Worship 579*  
**The God of Abraham Praise** - *Worship 537*  
**The Strife is O'er** - *Worship 451*

#### Processional Hymns

**Better is One Day**

#### Preparation Hymns

**Ave Maria** - solo  
**Be Not Afraid** - *Gather 430*  
**Be Thou My Vision**  
**Eye Has Not Seen** - *Gather 450*  
**How Great Thou Art**  
**I Heard the Voice of Jesus Say** - *Worship 607*  
**Jerusalem, My Happy Home** - *Worship 690*  
**Lord of All Hopefulness** - *Worship 568*  
**The King of Love, My Shepherd Is** - *Worship 609*

#### Preparation Hymns

**Humble King**  
**I Can Only Imagine**  
**Lead Me Home**  
**Mighty is the Power of the Cross**  
**Your Love is Deep**

#### Communion Hymns

**Amazing Grace, vs. 1,2 & 5** - *Gather 434*  
**I Am the Bread of Life, vs. 1, 4 & 5** - *Gather 597*  
**Let All Mortal Flesh Keep Silence** - *Worship 523*  
**Look Beyond** - *Gather 607*  
**On Eagle's Wings** - *Gather 433*  
**Pie Jesu** - duet  
**Take and Eat** - *Gather 614*  
**Ubi Caritas Et Amor** - *Worship 598*  
**What Wondrous Love is This** - *Worship 600*

#### Communion Hymns

**Bread of Heaven**  
**Hungry**  
**I Am the Bread of Life**  
**Our God is Here**

#### Recessional Hymns

**Battle Hymn of the Republic** - *Worship 686*  
**Come Ye Faithful, Raise the Strain** - *Worship 456*  
**Crown Him With Many Crowns** - *Worship 496*  
**I Know That My Redeemer Lives** - *Worship 445*  
**Love Divine, All Loves Excelling** - *Worship 588*  
**Sing With All the Saints In Glory** - *Worship 467*  
**Ye Watchers and Ye Holy Ones** - *Worship 707*

#### Recessional Hymns

**Blessed Be Your Name**  
**Forever**  
**My Reward**