



Holy Child Church

240 S Main St, Mansfield, PA



Reverend Bryan B. Wright

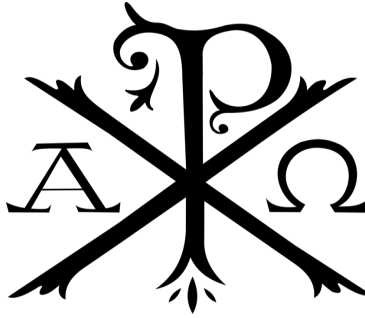
Pastor



Saint Mary of Częstochowa Church

144 St Mary's St, Blossburg, PA

**29TH SUNDAY IN
ORDINARY TIME
October 19, 2025**



PARISH OFFICE
Mon, Tue, Fri: 9:30am - 2:30pm
237 S. Main St, Mansfield, PA 16933
Phone: 570-662-3568
hlychild@ptd.net
holychildparish.com

PARISH MISSION STATEMENT

United with the Pope, we the members of Holy Child Parish seek to be a welcoming church, which fosters spiritual development and expresses charity by living in word and deed the life of Christ. Under the leadership of the bishop, our goals are to implement effective ministries through word, worship, and the sacraments, to enhance the spiritual growth of our parish family, and to encourage, through works of love and faith, the unity of the Church.

SACRAMENTS

Baptism: Please call the Parish Office to schedule a meeting with the Pastor and to schedule the ceremony.

Reconciliation: Confessions are heard on:

- Saturdays: 2:15-3:00 pm Holy Child Church
- First Fridays: 9:00-10:00 am Holy Child Church
- First Saturdays: 10:00-11:00 am Saint Mary's Church
- By appointment—please contact the Parish Office.

Holy Communion: Those preparing to receive Holy Communion for the first time, please call the Parish Office.

Matrimony: Couples should contact their Pastor at least six months before the planned wedding date.

Anointing of the Sick: For the infirm & homebound. Please contact the Parish Office to arrange a visit.

New Parishioners: Welcome to Holy Child Parish! New parishioners are asked to register by contacting the Parish Office. Registration is required for our religious education programs and for the Sacraments of Baptism, First Reconciliation, Confirmation, and Matrimony.

WEEKEND MASSES

Saturday	4:00 PM	Holy Child
Sunday	9:00 AM	Saint Mary's
Sunday	11:15 AM	Holy Child

ADORATION OF THE BLESSED SACRAMENT

Saturday	3:00 PM	Holy Child
Sunday	8:30 AM	Saint Mary's
Sunday	10:45 AM	Holy Child
Monday	11:30 AM	Saint Mary's
Tuesday	11:30 AM	Saint Mary's
Thursday	5:15 PM	Holy Child
Friday	8:00 AM	Holy Child



DEVOTIONAL PRAYERS

Monday	12:00 PM	Saint Mary's	The Angelus
Monday	12:45 PM	Saint Mary's	Miraculous Medal
Tuesday	12:00 PM	Saint Mary's	The Angelus
Tuesday	12:45 PM	Saint Mary's	Saint Jude
Thursday	6:00 PM	Holy Child	The Angelus

PARISH CONTACTS

- Financial Secretary: Darlene Buck 570-662-3568
- Secretary: Cara Clementi 570-662-3568
- Director of Religious Education: Darlene Buck
- Good Samaritans: 570-662-3568
- Health Ministry & Medical Equipment Loaning: Dotty Welsh 570-662-2057
- Knights of Columbus: Scott DiMarco; srdimarco@hotmail.com
- Ladies Guild: Patty Hutcheson 570-662-2034
- St. Mary's Hall: 570-638-2783 Holy Child Hall: 662-9996

Adoration of the Blessed Sacrament
~ prior to all Masses ~



MASS SCHEDULE & INTENTIONS

Saturday, October 18 **VIGIL—29TH SUNDAY IN ORDINARY TIME**
4:00 pm, Holy Child: † Craig Troncone (by Chris Troncone)

Sunday, October 19 **29TH SUNDAY IN ORDINARY TIME**
9:00 am, St. Mary's: † Deceased Members of the Kanaley & Bortone Families (by Edward & Maryann Kanaley)
11:15 am, Holy Child: † Our Living & Deceased Parishioners

Monday, October 20 Weekday; *St. Paul of the Cross, Priest*
12:10 pm, St. Mary's: † Lorraine Trevino (by The Good Samaritans)

Tuesday, October 21 Weekday
12:10 pm, St. Mary's: † Theresa Carlson (by Margaret Morgan)

Wednesday, October 22 Weekday; *St. John Paul II, Pope*
No Mass

Thursday, October 23 Weekday; *St. John of Capistrano, Priest*
6:00 pm, Holy Child: † The Tarszowicz & Vlajic Families
(by Mr. & Mrs. Floyd Vlajic)

Friday, October 24 Weekday; *St. Anthony Mary Claret, Bishop*
8:30 am, Holy Child: † The Dead (by The Scranton Diocese Society for the Propagation of the Faith)

Saturday, October 25 **VIGIL—30TH SUNDAY IN ORDINARY TIME**
4:00 pm, Holy Child: † The Special Intentions of Mary Nance
(by Mary Nance)

Sunday, October 26 **30TH SUNDAY IN ORDINARY TIME**
9:00 am, St. Mary's: † William & Mary Beaderman (by Nancy Jaquish)
11:15 am, Holy Child: † Our Living & Deceased Parishioners

SANCTUARY CANDLE INTENTIONS THIS WEEK



Holy Child: † Deceased members of the William Winder Family (by Darlene Buck)

St. Mary's: † Deceased members of the Kanaley and Bortone Families (by Edward & Maryann Kanaley)

The Sanctuary Candle burns to remind us of the Real Presence of Christ reserved in the tabernacle.



SACRAMENT OF RECONCILIATION

Every Saturday—2:15 pm—Holy Child Church
First Fridays—9:15 am—Holy Child Church
First Saturdays—10:15 am—St. Mary's Church
~Or By Appointment~

PARISH OFFERINGS: OCT 6-12. THANK YOU!

Sunday envelopes	\$2,768.00
Loose	1,171.00
Dues	205.00
Fuel	10.00
Total	\$4,154.00
Diocesan: Care & Education of Priests	30.00
Diocesan: Propagation of the Faith	2.00

OUR DIOCESAN CATHOLIC MINISTRIES APPEAL (2025)

13% of Holy Child parishioners have made gifts amounting to 31% of our goal. If you've already made a gift... *thank you!*



Donate now at
AnnualAppeal.org,
call (570) 207-2250 or
click this QR code



PRAYER LIST

Please pray... for deceased parishioners, family, & friends. May their souls and the souls of all the faithful departed rest in peace. For troops & first responders: Lord, hold them in your loving hands. Protect them as they protect us. Bless them and their families in our time of need. Bless those who need special prayers:

Judi Bonk-Guy, Linda Cloos, Kirk Euson, Richard Faber, Bernice Frederick, Catherine Gallagher, Lance Hall, Ann King, Patrick Lindquist, Tony Lupkowski, Tom MacBlane, Christopher Mortensen, Richard Niemczyk, Sandy Parker, Lori Sherant, Yolanda Tacka, Jack Watson

We ask this in the name of Jesus, our Lord and Savior. Amen.



To request prayer for someone, please contact the Parish Office. To respect privacy, please specify if their names are to be put in the bulletin, added to the Prayer Chain, or both.

"SPARE A PRAYER" PRAYER CHAIN

Contact: Maryjane (seifriedmaryjane@gmail.com or 570-549-7550) or Dotty (dhjrw@ptd.net or 570-662-2057).

The Lord is always listening.

VISITS TO THE HOMEBOUND

For Communion or a Pastoral visit, please contact the Parish Office.

Would you or someone you know enjoy a friendly visit, a partner to play cards or games with, someone to read to them, or simply keep company? As an outreach of Marian Ministries, Mary Hohman has offered to visit local residents and nursing homes, to spend time with people who may feel alone. Mary can be reached at (717) 203-9090.



PRO-LIFE RESOURCES

Natural Family Planning (NFP)
dioceseofscranton.org/parish-life/community/marriage/natural-family-planning/



heartoftioga@gmail.com
24/7 ONLINE NURSE CHAT

Heart of Tioga Crisis Pregnancy Center: 570-948-2020

Abortion Pill Reversal 24/7 Hotline: 1-877-558-0333

Project Rachel Helpline: for help after abortion; 888-456-HOPE
heartbeatinternational.org/worldwide-directory
gabrielproject.org elizabethministry.org respectlife.org
uscbb.org/prolife/diocesan-pro-life-offices

SCRIPTURE READINGS

Sun 10/19	Ex 17:8-13 Ps 121:1-8 2 Tm 3:14-4:2 Lk 18:1-8
Mon 10/20	Rom 4:20-25 (Ps) Lk 1:69-75 Lk 12:13-21
Tue 10/21	Rom 5:12,15b,17-19,20b-21 Ps 40:7-10,17 Lk 12:35-38
Wed 10/22	Rom 6:12-18 Ps 124:1b-8 Lk 12:39-48
Thu 10/23	Rom 6:19-23 Ps 1:1-4,6 Lk 12:49-53
Fri 10/24	Rom 7:18-25a Ps 119:66,68,76,77,93,94 Lk 12:54-59
Sat 10/25	Rom 8:1-11 Ps 24:1b-4b,5-6 Lk 13:1-9
Sun 10/26	Sir 35:12-14,16-18 Ps 34:2-3,17-19,23 2 Tm 4:6-8,16-18 Lk 18:9-14

Advance Medical Directives: Planning for Your Future

Rosa* knew from experience the difficulties and expenses of watching a loved one die. She was totally devoted to her husband as he suffered and died from cancer eight years earlier. The idea of high medical bills, “tubes” and pain upset her, and even though she had not viewed her husband as a burden, she feared being one to her family.

Then, Rosa was hospitalized with a terrible urinary tract infection which made her dehydrated, weak and confused. Her daughter Teresa had been appointed as her health care agent. Teresa met with the medical staff, who helped her understand that the proposed treatments would not cause an undue burden to her mother. In fact, they would be temporary and appropriate care in Rosa’s situation. Teresa was grateful that the medications, nutrition and hydration that Rosa was given, all through “tubes,” cured her infection. Rosa is now as active as she has ever been and realizes that there are certain situations that can’t be anticipated when illness comes. It’s best not to refuse future care that may turn out to be very welcome.

Human life is good and to be protected. All medical decisions ought to reflect this core belief. Yet black-and-white answers to our questions about end-of-life issues are not always possible, and it can be very difficult to know how to make medical decisions. Each and every human person is distinct and unrepeatable, and each medical situation may be unique. In each set of circumstances we need to judge whether a given treatment will provide real benefit to the patient, without causing harm or other burdens that are out of proportion to the good being done.

We should each be prepared for those difficult



situations when medical decisions must be made. We can safeguard our Catholic values by appointing a responsible and trustworthy person now to make decisions for us, in the event that we are incapable of doing so, either physically or mentally. It is important to be aware of the different legal or medical documents that are available or are often used to define a patient’s care. Depending on how they are crafted, some documents can be counter to Catholic morality and more harmful than we might realize.

The safest option is to designate a health care agent who not only understands our Catholic values but also shares them and can apply them to current situations and respond to questions as they arise. This person, usually a close family member or friend, acts as a proxy decision maker if the patient is not able to make his or her own decisions. In choosing an agent or proxy, a person can declare in writing that all treatment and care decisions made on their behalf must be consistent with and not contradict the moral teachings of the Catholic Church. (see: instituteforpatientsrights.org/advance-directive/)

Less flexible is a living will, which simply lists treatment options or care that the patient wishes to accept or reject. No matter how well-crafted, such a document can never predict all the possible problems that may occur at a later time or anticipate all future treatment options. A living

will can be misinterpreted by medical providers who might not understand the patient's wishes.

Some states and healthcare systems have been implementing a troubling document known as a "Physician Order for Life-Sustaining Treatment," also called by a confusing array of acronyms (POLST, MOST, MOLST, or POST). The POLST document is filled out by a doctor or other medical professional to define treatments to be withheld or administered in a future situation. It has been criticized for placing more power in the hands of physicians than in patients' hands. Indeed, in some cases the patient need not even sign the document. Once signed by the physician, it becomes a doctor's order to other medical staff, and may override the patient's own past advance directives and even the patient's appointment of a health care agent. It may be applied to patients who are not in a terminal situation and who might only need antibiotics, nutrition and hydration, or other proportionate care. Yet a POLST document signed months or years before, stating that the patient should not receive antibiotics, could still be followed even if the patient, like Rosa, faced a simple urinary tract infection which is easily cleared up by antibiotics.

Of course there are times when failing health is not so easily remedied as in Rosa's case. In some situations, procedures are appropriately refused. One should consider the benefits and burdens of a prospective procedure and conscientiously judge whether or not to accept it. However, because of the inherent dignity of the person and our moral obligation to protect each human life, our Church teaches that we should take reasonable steps to preserve life and should never withhold or administer treatment with the intention of ending the life of the person.

It is incredibly difficult to see someone we love suffering, and it is natural for us to want to allevi-

ate their hardship. Additionally, we live in a culture that places value on productivity and prefers to get rid of what is deemed useless. Some people therefore support measures that, at first, might seem like a compassionate response, but in fact are not. Advocates for legalizing assisted suicide and euthanasia promote the illusion that we can "help" those in need by killing them or assisting them in killing themselves. However, this response ignores the person's true needs and does not respect their dignity. Each person deserves real solutions and support when facing physical, emotional and spiritual challenges. Cutting someone's life short before their time deprives them of unknown opportunities for God's grace to work in their life.

God's infinite love for each one of us helps us to grasp our identity and our worth. The recognition of this dignity leads us to respect and protect each person's life, including our own, and ought to be at the core of whatever medical decisions we make. Let us place our trust in the Lord and ask for his continuous guidance, for these decisions and for all those we face in our lives.

**The story of Rosa and Teresa (their names are changed for their privacy) is just one example of how important it is to reflect in advance on how we would want decisions made on our behalf if we cannot speak for ourselves. To find out what pastoral and educational resources may be available locally, contact your diocesan pro-life office.*



Secretariat of Pro-Life Activities
3211 Fourth Street NE • Washington, DC 20017
Tel: (202) 541-3070 • Fax: (202) 541-3054
www.usccb.org/respectlife
To order materials call toll-free (866) 582-0943.
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Top Reasons to Oppose Assisted Suicide

The deadly and dangerous practice of assisted suicide is now legal in ten states (Hawaii, Washington, Oregon, California, Colorado, New Mexico, Maine, Vermont, New Jersey, Delaware) and the District of Columbia.

With momentum and lots of money, assisted suicide proponents are pursuing an aggressive nationwide campaign to advance their agenda through legislation, ballot measures, litigation, and public advertising... targeting states they see as most susceptible to their message.

Some polls indicate that the public is receptive to the general concept of assisted suicide. **But the same polls show that when the public learns about the dangers of assisted suicide, especially for those who are poor, elderly, disabled, or without access to good medical care, their views shift against the practice.**

The following dangers are among the top reasons to oppose assisted suicide.

A DEADLY MIX WITH OUR PROFIT-DRIVEN HEALTH CARE SYSTEM

- Some patients in Oregon and California have received word that their health insurance will pay for assisted suicide but will not pay for treatment that may sustain their lives. &

PUTS VULNERABLE PERSONS AT RISK OF ABUSE AND COERCION

- Once lethal drugs have been prescribed, assisted suicide laws have *no* requirements for assessing the patient's consent, competency, or voluntariness. Who would know if the drugs are freely taken since there is no supervision or tracking of the drugs once they leave the pharmacy and no witnesses are required at the time of death? Despite a reporting system designed to conceal rather than detect abuses, reports of undue influence have nonetheless surfaced in Oregon.

- Elder abuse is considered a major health problem in the United States, with federal estimates that one in ten elder persons are abused. Placing lethal drugs into the hands of abusers generates an additional major risk to elder persons.
- Assisted suicide laws often allow one of the two witnesses to the request for lethal drugs to be an heir to the patient's estate. Therefore, an heir or friends of the heir can encourage or pressure the patient to request lethal drugs and then be a witness to the request.

DANGEROUSLY BROAD DEFINITION OF TERMINAL ILLNESS

- Assisted suicide laws typically appear to limit eligibility to terminally ill patients who are expected to die within six months but don't distinguish between persons who will die within six months *with treatment* and those who will die within six months *without treatment*. This means that patients with treatable diseases (like diabetes or chronic respiratory or cardiac disease) and patients with disabilities requiring ventilator support are all eligible for lethal drugs because they would die within six months without the treatment they would normally receive.

PAIN NOT THE PRIMARY ISSUE

- Untreated pain is not among the top reasons for taking lethal drugs. Per official annual state reports, in 2016, 90% of Oregon patients seeking lethal drugs said they were doing so because they were "less able to engage in activities making life enjoyable" and were "losing autonomy," and 49% cited being a "burden" on family, friends or caregivers. And in Washington, 52% cited being a "burden" as a reason, while only 35% cited a concern about pain.

NO PSYCHIATRIC EVALUATION OR TREATMENT REQUIRED

- Despite medical literature showing that near-

ly 95% of those who commit suicide had a diagnosable psychiatric illness (usually treatable depression) in the months preceding suicide, the prescribing doctor and the doctor he or she selects to give a second opinion are both free to decide whether to refer suicidal patients for any psychological counseling. Per Oregon's official annual report, from 2013-2016 less than 4% of patients who died under its assisted suicide law had been referred for counseling to check for "impaired judgment."

- If counseling is provided to patients seeking assisted suicide, its goal isn't to *treat* the underlying disorder or depression; it's to determine whether the disorder or depression is "*causing impaired judgment* [emphasis added]." The doctors or counselor can decide that, since depression is "a completely normal response" to terminal illness, the depressed patient's judgment is not impaired.

THREATENS IMPROVEMENT OF PALLIATIVE CARE

- There is compelling evidence that legalizing assisted suicide undermines efforts to maintain and improve good care for patients nearing the end of life, including patients who never wanted assisted suicide.

FOSTERS DISCRIMINATION

- Assisted suicide creates two classes of people: those whose suicides we spend hundreds of millions of dollars each year to prevent and those whose suicides we assist and treat as a positive good. We remove weapons and drugs that can cause harm to one group, while handing deadly drugs to the other, setting up yet another kind of life-threatening discrimination.

There are many more reasons why legalizing assisted suicide is a bad and dangerous idea.

For further information, visit:

www.usccb.org/toliveeachday

www.patientsrightsaction.org

References:

- [1] Montana's highest court, while not officially legalizing the practice, suggested in 2009 that it could be allowed under certain circumstances.
- [2] Susan Harding, "Health Plan Covers Assisted Suicide But Not New Cancer Treatment," *KVAL News* (published July 31, 2008, updated Oct. 30, 2013) (noting that the Oregon Health Plan will pay for coverage for chemotherapy that cures cancer, but not for chemotherapy drugs that can extend life); Jennifer Popik, "Terminally Ill Oregon Patients Denied Treatment but Reminded They Can Choose Physician-Assisted Suicide" (July 2008), available at <https://www.nrlc.org/archive/news/2008/NRL08/Oregon.html>.
- [3] Bradford Richardson, "Assisted-Suicide Law Prompts Insurance Company to Deny Coverage to Terminally Ill California Woman," *Washington Times* (Oct. 20, 2016), <https://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/>.
- [4] In one case, a woman with cancer committed suicide with a doctor's assistance even though she had dementia, was found mentally incompetent by doctors, and had a grown daughter described as "somewhat coercive" in pushing her toward suicide. Hendin & Foley, *Physician-Assisted Suicide in Oregon*, *supra* at 1626-27.
- [5] Lachs, Mark S., M.D., M.P.H., and Karl A. Pillemer, Ph.D. "Elder Abuse." Edited by Edward W. Campion, M.D. *The New England Journal of Medicine* 373 (November 12, 2015): 1947-1956. DOI: 10.1056/NEJMra1404688. <https://www.nejm.org/doi/full/10.1056/NEJMra1404688>
- [6] H. Hendin, M.D., *Seduced by Death: Doctors, Patients, and Assisted Suicide* (New York: W.W. Norton, 1998): 34-35.
- [7] Or. Rev. Stat. § 127.825; Wash. Rev. Code § 70.245.060.
- [8] H. Hendin and K. Foley, "Physician-Assisted Suicide in Oregon: A Medical Perspective," 106 *Michigan Law Review* 1613-45 (2008) at 1623-4; <https://docs.google.com/file/d/0BwDPETL1NPnAMmFZTNjNzctOGU4NS00MTUwLTgxZjAtM2I4NDhlMjA2OTFj/edit?hl=en&pli=1>.
- [9] "Vermont VNA Seeking to Identify Causes of State's Low Hospice Utilization Rates," *Hospice and Palliative Care News*, April 29, 2015, <https://healthrespubs.com/hospice-and-palliative-care-news/2015/04/29/vermont-vna-seeking-to-identify-low-hospice-utilization-rates/>. J. Ballentine et al., "Physician-Assisted Death Does Not Improve End-of-Life Care," *Journal of Palliative Medicine* 19 (2016): 1-2.

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THIS WEEKEND—SECOND COLLECTION
World Mission Sunday
(checks payable to “*Propagation of the Faith*”)

We welcome Father Michael Kloton who will celebrate all weekend Masses and speak about the Missions in Haiti.
Thank you, Father Kloton.

NEXT WEEKEND—SECOND COLLECTION
Diocese of Scranton Missionary Cooperative—Haiti
(checks payable to “*Propagation of the Faith*”)

Mark Your Calendar

- Oct 23: Finance Council starting with 6pm Mass, Holy Child
Oct 22-30: Respect Life Month Novena; respectlife.org
Nov 2: Knights MU Council, 6:30 pm, Holy Child Hall
Nov 5: Health Ministry Meeting, 10:30 am, Holy Child Hall
Nov 11: Ladies Guild, 6 pm, Holy Child Hall



RESPECT LIFE NOVENA—OCT 22-30

Join thousands of Catholics across the country praying for the protection of human life from conception to natural death.
Visit respectlife.org for novena details.



NOTRE DAME HIGH SCHOOL — OPEN HOUSE FOR PROSPECTIVE STUDENTS & FAMILIES

“Notre Dame H.S. (Grades 7–12) will host an Open House on Wednesday, November 5, from 6:00-7:30 PM for prospective students and their families. The evening will begin with a brief presentation in the Charles and Mary Crossed Auditorium. Open House is your chance to meet the faculty, administration, and students, tour the campus, learn about the benefits of a Notre Dame education, and explore the many opportunities your child can have as a student of Notre Dame. Notre Dame is a college preparatory school that provides an inclusive environment rich in the traditions of the Sisters of Mercy academic excellence. Additionally, Notre Dame offers a competitive athletic program, many opportunities to participate in the performing, visual, and language arts, along with a variety of extracurricular activities such as FTC & FRC Robotics teams, ND Spotlighters, Science Olympiad, MaryLeaf (school newsletter), Yearbook, ND Supper Club, and Quiz League. Notre Dame H.S. is located at 1400 Maple Avenue, Elmira.”

NAZARETH GROUP (w/ the Capuchin Sisters of Nazareth)

11:00 AM–4:30 PM: Nov. 8, Jan. 17, Mar. 21, Jun. 6

For young women, grades 9-12, who desire to learn more about the faith, to make wholesome friendships, and to grow in their love for Christ through prayer and hearing inspirational talks. Reservations required. Two locations:

Mother of God Convent, Tunkhannock; call Sr. Angela (570) 836-2737. Mother of the Eucharist Convent, Williamsport; call Sr. Clare (570) 745-3334.



MARIAN MINISTRIES

PAINT & PRAY

Holy Child Hall
Saturday, Nov. 8th
11AM–2PM

Theme:

“Giving Thanks”

Artists can add their own



words to the image, such as “grateful,” “blessed,” or “give thanks.”

Registration Fee: \$30 includes all art supplies and a light lunch. **Deadline for Registration: Sunday, November 2nd.**
Space is limited to 20 participants, first-come, first-served.

*** This event fills quickly, so register soon. ***

To Register: Call or text Linda at 570-404-2180 or email marian-ministries@outlook.com

THANK YOU

The *Flame of Love* burned brightly in the hearts of dozens of pilgrims at Holy Child Church in Mansfield last Saturday. Speaker, Jill Metz, U.S. National Director of the Flame of Love of the Immaculate Heart of Mary, inspired the assembly with moving personal stories and insights from the diary of Elizabeth Kindelmann. Thanks to all who worked hard to make this spiritual event a great success, and to the many who traveled from near and far to participate.



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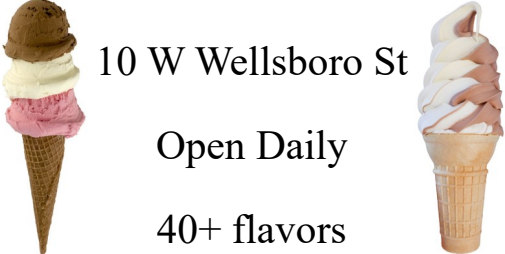
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May the Sacred Heart of Jesus be adored, glorified, loved, and preserved throughout the world, now and forever. St. Jude, worker of miracles, pray for us. St. Jude, help of the homeless, pray for us. Say this prayer 9 times a day, by the 8th day your prayers will be answered (if it be God's will). It has never been known to fail. Thank you, St. Jude. Amen.

Your Ad Here!

Please contact the Parish Office
570-662-3568

Book Recommendation from Father Bryan...
The Exorcist Files
By Father Carlos Martins

Reminder for Funerals...

Eulogies are permitted during:

- ◆Funeral home vigil services
- ◆Graveside committal services
- ◆Luncheons (after Funeral Masses)

Eulogies are not permitted during Funeral Masses (CCC1688). Thank you.



The Blessed Sacrament is reserved in the Tabernacle.
Please help to maintain a prayerful

SILENCE AND REVERENCE

THE CATHOLIC CURRENT
Bringing Christ to the World and the World to Christ.
Producer & Host
Fr. Robert McTeigue, S.J.
Regular Air Time
Monday-Friday, 5 pm
<https://thestationofthecross.com/programs/the-catholic-current/>



Food Pantry

The local food pantries need our donations of nonperishable items.

Collection bins are in both churches.

Thank you for your support!

Health Ministry—Available Medical Equipment:

Basket for walker, Blood pressure monitor, Canes, Crutches, Emesis Basin, First Alert System, Foot Bath, Hospital Bed, Hoyer Lift, Ice Therapy Machine, Knee Crutch, Knee Scooter, Toilet Chairs, Raised Toilet Seats, Toilet Handles, Rising Frame for Chair, Rollator Walker, Shower Bench, Shower Chair, Transfer Bench, Transfer Board, Tub Handle, Foldable Transport Ramp, Tubing, Walkers, Walker with Seat, Wash Basin, Wheelchair, Wheelchair Cushion; Baby Items: Bath Tub, Booster Seat, Bed Rails, Safety Gate