

Funeral Information

DECEASED: _____ Age: _____

Date of Birth: _____ Date of Death: _____

Spouse: _____ Family/Children: _____

Contact Person: _____ Relationship: _____

Address: _____

Phone: _____

Circumstances of Death: _____

FUNERAL HOME: _____ Phone: _____

VIGIL – Date/Time: _____ Where: _____

FUNERAL – Date/Time: _____ Where: _____

FUNERAL MASS: Y/N Casket/Urn MEMORIAL SERVICE/MASS _____

READINGS: 1st Reading _____ Responsorial _____

2nd Reading _____ Gospel _____

Prayers of the Faithful: _____ Gift Bearers (2): _____

LECTORS (2): _____ Eulogy (1): _____

MUSIC: w/ Maureen Leonard: (Circle) Y N

MUSIC: w/another Music minister: (Circle) Y N

Easel Y N

GRAVESIDE/BURIAL – Date/Time: _____ Where: _____

RECEPTION: _____: Y N Number of people _____

Priest: _____ **FUNERAL FEES: \$300 donation to St. Theresa Church**

Additional Information: _____

