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	t/Urn MEMORIAL SERVICE/MASS
READINGS: 1st Reading	Responsorial
Gift Bearers (2):	Gospel
LECTORS (2):	Eulogy (2):
MUSIC: w/ Maureen Leon MUSIC: w/another Music	
Easel Y/N	Allimister. (Circle) 1 14
Lasci 1/1V	*****
GRAVESIDE/BURIAL – Date/Time	::Where:

RECEPTION: w/ Help	oing Hands: Y N Number of people
Priest:	
Additional Information.	
Additional information:	
Received by: Date Received: PA	ARISH SOFT: Death Register: EXCEL: CARING CON:
•	egistry # Page # Line#

Shared/forms/10/2014 :rjm