Funeral Arrangements

First and Last Name: _____

Your contact Information:

Cell: (____)_____Phone: (____)_____

Registered: Yes No

D.O.B. _____/_____/_____

Relative to contact: _____Relationship: _____

Cell: (____)_____ Phone: (____)_____

Funeral Home

Funeral Home: _____

Address: _____

Funeral Rites

Vigil with Rosary: at Funeral Home Yes No
Or
Only Rosary: before Funeral Mass at Church Yes No

Funeral Mass / Committal following Yes _____ Initial

(If cremation, it is highly recommended to have body in casket present for funeral mass. Cremation then to take place after the mass.)

Cemetery: _____

Readings

1st Reading: _____

Lector Name:_____

Psalm:_____

2nd Reading: _____

Lector Name: _____

Gospel: _____

Gifts at Offertory

Name:_____

Name:_____

Name:_____



Music/Hymns

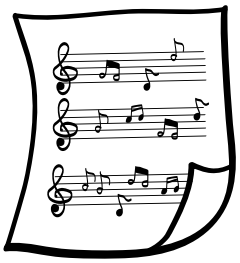
1._____

2._____

3._____

4._____

5._____



Your Signature:_____ **Date:** _____/_____/_____

Witnesses Signature: _____**Date:** _____/_____/_____

Witnesses Signature: _____**Date:** _____/_____/_____



Additional Notes