

Date of Death _____

Funeral /Bereavement Information

Name of Deceased _____ Age _____
Last name First name Middle name

Date of Birth _____

Parishioner/family member making funeral arrangements:

Name _____

Address _____

City _____ Zip code _____ phone number _____

Relationship _____

Other immediate family _____

Ministry at the time of the funeral

Allore (241-5225) Bacarella (241-4600) Merkle (384-5185) Rupp (241-9300)

Wake/Rosary/Scripture Service (date and time) _____

_____ Leader _____

Liturgy (date and time) _____ Celebrant _____

In-state _____

Music Minister _____ Cantor _____

Cemetery _____

Luncheon YES or NO Number expected _____

Luncheon notes _____

Funeral Liturgy

Body present _____ Cremains present _____ Neither _____

Placement of Pall _____

Scripture 1st reading _____ Reader _____

Responsorial psalm _____

Scripture 2nd reading _____ Reader _____

Intercessions option 1 or 2 Reader _____

Offertory Gift Bearers _____

Communion under both species YES or NO

Extraordinary Eucharistic Ministers _____

Additional Information _____

All Souls Day contact person

Name _____ Address _____

Background info for the funeral of: _____

Known by most people as (nickname) _____

Cause of death _____

Growing up

Place of birth? _____

Is there anything memorable about the birth? _____

Any special stories? Jokes? Memories often told and retold? _____

_____**Adulthood and family**

Name of Spouse _____ LIVING or DECEASED

How many children _____ Children names _____

How many grandchildren? _____ Great-grandchildren _____

Occupation _____ Retired YES or NO, if yes, when _____

Personal information and practice of Faith

Hobbies and interests? _____

In what ways did your loved one live out his/her faith? _____

Was he/she involved in any church ministry or organization? _____

What kind of spouse, parent, neighbor was he/she? _____