

Funeral Information Form for your Family

Full Name: _____ Maiden Name: _____
(Last, First, Middle)

Address: _____ City, ST, Zip: _____

Date of Birth: _____ Date of Death: _____

Funeral Home: _____ Funeral Home Director _____

Funeral Home Phone _____ Next of Kin/Family _____
Phone number _____

Rosary at Vigil? Yes No If a priest isn't available to lead the Rosary, a Leader of Prayer will be available.

Type of Funeral: Traditional Cremation (Please circle one)

Preferred Hymns _____

Do you want your family to bring the gifts forward at the offertory? Yes No

1st Reading _____ 1st Reader: _____

2nd Reading _____ 2nd Reader: _____

Knights of Columbus Honor Guard? Yes No Military (Active/Veteran) Honor Guard? Yes No

Information to be completed by the parish office:	
Date of Death _____	Funeral Home Director _____
Cemetery: _____	<u>Committal</u> : after Funeral / after luncheon / later date
Funeral Date _____	Funeral Time _____
Organist _____	Servers: _____
Soloist _____	_____
Luncheon number _____	Luncheon time _____