

Our Lady Star of the Sea – Funeral Information

FULL NAME OF THE DECEASED: _____ Todays Date: _____

Home address: _____ Envelope # _____

Name to be used at Mass: _____ Age: _____ Date of Birth: _____

Date of Death: _____ Place of Death: _____

Place of Birth: _____ Deceased Practicing Catholic: Yes or No

Name of Deceased Person's spouse: _____ Spouse is: Living or deceased

Surviving Children: yes or no If yes, how many? _____ Grandchildren: yes or no If yes, how many? _____

Great-Grandchildren: yes or no if yes, how many? _____

Family Members Practicing Catholic: yes or no

Contact Person: _____ Relationship: _____ Phone # _____

Contact person's address: _____

Funeral Home: _____ Contact person: _____

Funeral Home phone number: _____

Visitation: _____ Cemetery: _____

Cremation: Yes or No – Before or After Mass if before, Cremated remains present at Mass: Yes or No

Scripture service: Date: _____ Time: _____ Wake Team: _____

Funeral Mass: Date: _____ Time: _____ Presider: _____

Body to lie in state/Memorial visitation prior to Mass: yes or no (1/2 hour prior to Mass)

Reading 1: _____ Read by: _____

Reading 2: _____ Read by: _____

Intercessions Read By: _____ Presentation of Gifts: _____

Family to place Pall on casket? Yes or No

Family EMHCs? Yes or No

Luncheon Announcement: Yes or No If so, Where: _____

Altar Servers: 1. _____ 2. _____ 3. _____

Additional notes:

- Bulletin P of F Registry ParishSoft White Card In Memoriam Scroll CSA
 Remembrance Mass Blue Sheet Cross Bereavement follow up