

# 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: \_\_\_\_\_

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## **For Office Use:**

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 if yes, time: \_\_\_\_\_

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:

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| <input type="checkbox"/> Bulletin    | <input type="checkbox"/> P of F | <input type="checkbox"/> Registry | <input type="checkbox"/> ParishSoft       | <input type="checkbox"/> White card |
| <input type="checkbox"/> In Memoriam | <input type="checkbox"/> Scroll | <input type="checkbox"/> CSA/CLT  | <input type="checkbox"/> Remembrance Mass |                                     |
| <input type="checkbox"/> Blue Sheet  | <input type="checkbox"/> Cross  |                                   |   |                                     |