

FUNERAL INFORMATION FORM

Personal & Contact Information

Name of Deceased _____

Maiden Name of Deceased, if applicable _____

Date of Birth _____

Date of Death _____ Age _____

Religion Catholic _____ Other _____

Veteran/Branch _____

Address of Deceased _____

City _____ CO _____ Zip _____

Family Contact _____

Address _____

City _____ CO _____ Zip _____

Phone _____ Email _____

Spouse of Deceased _____

Mother of Deceased _____

Father of Deceased _____

Children of Deceased _____

Mortuary _____

Contact Name _____

Contact Phone _____

Contact Email _____

Funeral Service

- Mass of Christian Burial (Body Cremains Present)
- Memorial Mass (Body/Cremains Not Present)
- Graveside
- Direct Burial
- Funeral without Mass

Vigil Service/Rosary/Visitation

Date _____ Time _____

Location _____

Officiant _____

Mass/Funeral Service

Date _____ Time _____

Location _____

Officiant Fr. Cliff Other: _____

Cemetery Name if not SHM: _____ Plot: _____ Time: _____

Program Done by: Family Mortuary

Altar Server/Sacristan _____

Incense at the end of Mass? Yes No

Readings

Reader _____

Old Testament Reading _____

Responsorial Psalm _____ Sung (*preferred*) or Read

New Testament Reading _____

Gospel _____

Hymns/Musical Selections

Accompanist _____ Vocalist _____

Organ Piano No Preference

Prelude Song _____ **or** Accompanist's Choice

Opening Song _____

Preparation of the Gifts _____

Communion _____

Sending Forth _____

Postlude Song _____ **or** Accompanist's Choice

Reception

No Yes T.O.U.CH. (number expected: _____)

Eulogy

Reception Audio Visual Needs

Microphone

Screen

Projector (*presentation must be on a DVD and playable on a DVD player*)

Misc. Notes
