

**Good Samaritan Catholic Church**

**Ellijay, GA**

**Funeral- Vigil-Interment Details**

**1. Funeral Mass or Service Details** Est. # people attending funeral: \_\_\_\_\_

Name of Deceased (full name, and nickname) \_\_\_\_\_

**Funeral Mass** with body/with cremains

**Memorial Mass** no body or cremains

**Funeral Service** without Mass

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Funeral Home or Church**

Funeral Home, name and address:  
\_\_\_\_\_

Priest and/or Deacon presiding \_\_\_\_\_

**Family** Contact's Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**Phone** (home) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone** (cell) \_\_\_\_\_ **Phone** (work) \_\_\_\_\_

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**2. Vigil or Other Services requiring a Priest or Deacon.**

a.  **Vigil/Visitation** at Church at Funeral Home **Date/Time** \_\_\_\_\_

**Will rosary be prayed?** Yes No **Time** \_\_\_\_\_

**No Vigil/Visitation** **Priest/Deacon** \_\_\_\_\_

**3.  Interment** **Name of Cemetery/Mausoleum** \_\_\_\_\_

**Immediate** **Delayed** **If delayed, Day/Date** \_\_\_\_\_ **Address** \_\_\_\_\_

**Body** **Ashes** **Time** \_\_\_\_\_ **City** \_\_\_\_\_

**N/A Interment elsewhere** **Priest/Deacon** \_\_\_\_\_

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