

Our Lady Star of the Sea – Funeral Information

FULL NAME OF THE DECEASED: _____ **Date of Death:** _____

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

FUNERAL MASS: **Date:** _____ **Time:** _____ **Presider:** _____

Funeral Home: _____ **Contact person:** _____

Funeral Home phone number: _____

Visitation: _____ **Cemetery:** _____

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

Cremation: yes or no if before Mass, cremated remains present at Mass: Yes or No

Contact Person: _____ **Relationship:** _____ **Phone #** _____

Contact person's address: _____ **City:** _____ **State** _____ **Zip** _____

Deceased address, (if different from Contact person):

_____ **City:** _____ **State:** _____ **Zip:** _____

Deceased a Baptized Catholic: Yes or No

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

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 (2) Scroll CSA
 Remembrance Mass Blue Sheet Cross Bereavement follow up