FUNERAL INTAKE FORM

Today's Date:

DECEASED			
Name of the Deceased:			
Date of Death:		Date of Birth:	
Information about death:			
Parishioner?	◯ Yes	◯ No	
FAMILY CONTACT			
Name of Family Contact:			
Relationship to the deceased:			
Address:			
Email Address:			
Cell Phone:		Primary Language:	
FUNERAL SERVICE			
Service planned:	◯ Funeral Mass	◯ Word Liturgy	
Church or Daily Chapel?	◯ Church	◯ Daily Chapel	
Full Body / Cremains:	◯ Full Body	◯ Cremains	
Confirmed Date:		Presiding Clergy:	
Place of Interment:			
Funeral Home Used:			
Contact Person / Phone #:			
VIGIL SERVICE			
Vigil Service?	◯ Yes	◯ No	
Location:			
Date / Time:			
GRAVESIDE SERVICE			
Graveside Service?	◯ Yes	◯ No	
Location:			
Date / Time:			