

Funerals

at IMMACULATE CONCEPTION CHURCH

6

Funeral Liturgy Intake Form

Liturgy	With (For Funeral Mass only)	Other
FUNERAL MASS	CASKET	FUNERAL HOME SERVICE
MEMORIAL MASS <i>(without casket / cremains)</i>	CREMAINS	GRAVESIDE SERVICE
MEMORIAL PRAYER SERVICE		MAUSOLEUM SERVICE
		MILITARY HONORS <i>If yes, Church Cemetery Mausoleum</i>

FUNERAL DAY _____ FUNERAL DATE _____ TIME _____ PRESIDER _____

FULL NAME OF DECEASED _____ AGE _____

DATE OF BIRTH (DD/MM/YY) _____ DATE OF DEATH (DD/MM/YY) _____

ADDRESS _____ CITY, STATE, ZIP _____

FUNERAL HOME NAME _____ PHONE _____

FUNERAL HOME DIRECTOR _____ PHONE _____

Livestream Requested: Yes No
Funeral Home Wake Service: Yes No <u>Location:</u> _____ <u>Date:</u> _____ <u>Time:</u> _____
Burial Immediately Following Liturgy: Yes No <u>Location:</u> _____ Priest Requested: Yes No

NEAREST RELATIVE OR REPRESENTATIVE OF THE DECEASED (FULL NAME) _____ RELATION _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NOTES:

