

Funeral Liturgy Intake Form

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| <p>Liturgy</p> <p><input type="checkbox"/> FUNERAL MASS</p> <p><input type="checkbox"/> MEMORIAL MASS <i>(without casket / cremains)</i></p> <p><input type="checkbox"/> MEMORIAL SERVICE</p> | <p>Location</p> <p><input type="checkbox"/> ICC</p> <p><input type="checkbox"/> OLMC</p> | <p>With</p> <p><input type="checkbox"/> CASKET</p> <p><input type="checkbox"/> CREMAINS</p> | <p>Other</p> <p><input type="checkbox"/> FUNERAL HOME SERVICE</p> <p><input type="checkbox"/> GRAVESIDE SERVICE</p> <p><input type="checkbox"/> MAUSOLEUM SERVICE</p> <p><input type="checkbox"/> MILITARY HONORS <i>if yes,</i> <input type="checkbox"/> Church <input type="checkbox"/> Cemetery <input type="checkbox"/> Mausoleum</p> |
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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 Location: _____ Date _____ Time _____

Burial Immediately Following Liturgy: Yes No Location: _____ Priest Requested: Yes No

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

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NOTES:

