

# SAINT COLMAN CATHOLIC CHURCH

## FUNERAL PREPARATION SHEET

FUNERAL LITURGY OF: \_\_\_\_\_  
FIRST MIDDLE LAST NICKNAME

ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY ST ZIP

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

NEAREST LIVING RELATIVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF FUNERAL: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_

VIGIL PLACE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF BURIAL: \_\_\_\_\_

PRESIDER (S): \_\_\_\_\_

DEACON (S): \_\_\_\_\_

ALTAR SERVERS: \_\_\_\_\_

ORGANIST: \_\_\_\_\_ CANTOR: \_\_\_\_\_

FAMILY WOULD LIKE BEREAVEMENT LUNCHEON? \_\_\_ YES \_\_\_ NO

IF YES, NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_