

**FUNERAL INFORMATION FORM**

**Personal & Contact Information**

Name of Deceased \_\_\_\_\_

Maiden Name of Deceased, if applicable \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_ Age \_\_\_\_\_

Religion  Catholic  Other \_\_\_\_\_

Veteran/Branch \_\_\_\_\_

Address of Deceased \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Family Contact** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Spouse of Deceased \_\_\_\_\_

Mother of Deceased \_\_\_\_\_

Father of Deceased \_\_\_\_\_

Children of Deceased \_\_\_\_\_

**Mortuary** \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

**Funeral Service**

- Mass of Christian Burial (Body Cremains Present)
- Memorial Mass (Body/Cremains Not Present)
- Graveside
- Direct Burial
- Funeral without Mass

**Vigil Service/Rosary/Visitation**

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Officiant \_\_\_\_\_

**Mass/Funeral Service**

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Officiant:  Pastor  Parochial Vicar  Other \_\_\_\_\_

Cemetery Name if not SHM \_\_\_\_\_ Plot \_\_\_\_\_ Time \_\_\_\_\_

Program Done by  Family  Mortuary

Altar Server/Sacristan \_\_\_\_\_

Incense at the end of Mass?  Yes  No

**Readings**

Reader \_\_\_\_\_

Old Testament \_\_\_\_\_

Responsorial Psalm \_\_\_\_\_  Sung (*preferred*) or  Read

New Testament \_\_\_\_\_

Gospel \_\_\_\_\_

**Hymns/Musical Selections – see Sacred Heart of Mary Approved Music for Funerals**

*~ All music selections and special requests, are subject to approval by the Music Director or Pastor ~*

Organ  Piano  No Preference  Male Vocalist  Female Vocalist  No Preference

Accompanist \_\_\_\_\_ Vocalist \_\_\_\_\_

Opening Song \_\_\_\_\_ BB \_\_\_\_\_ AC \_\_\_\_\_

\* Preparation of the Gifts \_\_\_\_\_ BB \_\_\_\_\_ AC \_\_\_\_\_

\* Communion \_\_\_\_\_ BB \_\_\_\_\_ AC \_\_\_\_\_

Sending Forth \_\_\_\_\_ BB \_\_\_\_\_ AC \_\_\_\_\_

Special Music Requests \_\_\_\_\_

*\* Choose only if having a Funeral Mass*

**Reception**

No  Yes  T.O.U.CH. (number expected \_\_\_\_\_ )

Eulogy

**Reception Audio/Visual Needs**

Sound System Options

CD (*music*) Player

Auxiliary Playback (*i.e. laptop, tablet or smart phone. Device **MUST** be able to accept a standard 3.5 mm headphone jack or standard male dual RCA cable.*)

Microphone & Podium/Lectern

Screen (*projector, playback device and all necessary cables to be provided by family/friends or funeral home of deceased.*)

Audio for slide presentation (*playback device, i.e. laptop or DVD player, **MUST** be able to accept a standard 3.5 mm headphone jack or standard male dual RCA cable.*)

**Misc. Notes**

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