Dear Friends in Christ:

In the Archdiocese of New Orleans, we are very blessed to have 13 Catholic Cemeteries. We have some of the most historic cemeteries in New Orleans dating back to 1789.

The ministry of our New Orleans Catholic Cemeteries is to provide people of all faiths a graceful and dignified burial. We also see this ministry as an opportunity to offer pastoral care for family members and friends in their time of grief.

Jesus cared for Martha and Mary as he stood at the tomb of his friend Lazarus. In his name, we strive to follow his example in showing respect for the deceased and genuine care for all those who seek comfort.

We are proud of our cemeteries administrators and staff who share in this important ministry of the Archdiocese of New Orleans. If we can be of service to you, please call upon us.

Most Reverend Gregory M. Aymond
Archbishop of New Orleans
A MESSAGE FROM THE CATHOLIC CEMETERIES

When planning a Catholic funeral, this guide will help assist in answering questions and advising your loved ones what your final wishes are during an extremely difficult time of arranging for a burial.

Too often families are left trying to locate information pertaining to burial arrangements and financial information for successions. The Catholic Funeral Planning Guide offers peace of mind in knowing you have helped make this planning easier on your loved ones. Let your loved ones know where to locate this Catholic Funeral Planning Guide when needed.

If you have not planned for your burial, we encourage you to take the time now to pre-plan. We offer memorials in several of our Catholic Cemeteries and can help you pre-plan your burial arrangements whether you choose a casket burial or cremation inurnment.

Please contact us at 504-596-3050 or 504-488-5200, or visit our website www.NolaCatholicCem.org for more information on our Catholic Cemeteries.

Our Ministry is here to help assist you with advance advice and pre-planning information.

Sherri Peppo, Executive Director
New Orleans Catholic Cemeteries
A Ministry of the Archdiocese of New Orleans

NEW ORLEANS CATHOLIC CEMETERIES
MISSION STATEMENT

The ministry of the New Orleans Catholic Cemeteries is to provide people of all faiths a graceful and dignified burial in keeping with the Gospel of Jesus Christ and to offer pastoral care to the family members and friends of the deceased.
PLANNING A CATHOLIC FUNERAL

Catholic funerals express hope in eternal life. When we are baptized, we are brought to a sacred place, a Catholic Church, and baptized into the mystery of Christ’s death and resurrection – thus giving us the promise of eternal life.

When a loved one dies, we take them to another sacred place, a Catholic cemetery, while they await the glory of resurrection and the promise of eternal life. Burial in a Catholic cemetery is a statement of continued belief in that everlasting life promised by Jesus when he said, “I am the resurrection and life. The one who believes in me will live, even though they die…” (John 11:25)

If cremation is chosen, “the cremated remains of a body should be treated with the same respect given to the human body from which they come” (Order of Christian Funerals, paragraph 417)

The Catholic funeral rite is divided into three parts: the Vigil (wake), the Funeral Mass and the Rite of Committal.

VIGIL SERVICE (WAKE)

“At the vigil, the Christian community keeps watch with the family in prayer to the God of mercy and finds strength in Christ’s presence” (Order of Christian Funerals, no. 56). The Vigil Service usually takes place during the period of visitation and viewing at the funeral home. It is a time to remember the life of the deceased and to commend him/her to God. In prayer we ask God to console us in our grief and give us strength to support one another.

The Vigil Service can take the form of a Service of the Word with readings from Sacred Scripture accompanied by reflection and prayers. It can also take the form of one of the prayers of the Office for the Dead from the Liturgy of the Hours. The clergy and your funeral director can assist in planning such service.

It is most appropriate, when family and friends are gathered together for visitation, to offer time for recalling the life of the deceased. For this reason, eulogies are usually encouraged to be done at the funeral home during visitation or at the Vigil Service.

FUNERAL LITURGY

The funeral liturgy is the central liturgical celebration of the Christian community for the deceased. When one of its members dies, the Church encourages the celebration of the funeral liturgy at a Mass. When Mass
cannot be celebrated, a funeral liturgy outside Mass can be celebrated at the church or in the funeral home.

At the funeral liturgy, the Church gathers with the family and friends of the deceased to give praise and thanks to God for Christ’s victory over sin and death, to commend the deceased to God’s tender mercy and compassion, and to seek strength in the proclamation of the Paschal Mystery. The funeral liturgy, therefore, is an act of worship, and not merely an expression of grief.

**Rite of Committal (Burial or Interment)**

The Rite of Committal, the conclusion of the funeral rite, is the final act of the community of faith in caring for the body of its deceased member. It should normally be celebrated at the place of committal, that is, beside the open grave or place of interment. In committing the body to its resting place, the community expresses the hope that, with all those who have gone before us marked with the sign of faith, the deceased awaits the glory of the resurrection. The Rite of Committal is an expression of the communion that exists between the Church on earth and the Church in heaven: the deceased passes with the farewell prayers of the community of believers into the welcoming company of those who need faith no longer, but see God face-to-face.

**Other Considerations**

- Contact your parish pastor or Church to plan for a Catholic funeral mass, and ask any questions pertaining to the Catholic funeral rites.

- Contact a funeral home to pre-plan a funeral and notify the funeral director you want a Catholic funeral mass.

- Contact New Orleans Catholic Cemeteries to pre-plan for a burial or inurnment. If property has already been purchased, be sure to secure the property deed when needed.

- Please note whether the size of casket or urn chosen can be accommodated in your cemetery property.

- Plan for a memorial – memorialization is an act of love and can be difficult to sum up one’s life with a name and dates. Our caring staff can help assist you.

- Use the following pages to list all important details regarding your pre-planning, wishes, and financial information to help guide your loved ones during the most difficult of times.
LOCATION OF IMPORTANT DOCUMENTS

Full Name __________________________________________________________

Date of Will _______________________________________________________

Location of Will ____________________________________________________

Name of Executor__________________________ Phone Number__________

Name of Lawyer ___________________________ Phone Number__________

Name of Law Firm ________________________________________________

Fill in the appropriate code letter in the box, indicating the location of important papers

S - Safety Deposit Box H - Home (please specify)
B - Business L - Lawyer O - Other (please specify)

☐ Life Insurance Policies
☐ Accident and Health Policies
☐ House Insurance
☐ Vehicle Insurance
☐ Birth Certificate
☐ Marriage Certificate
☐ Citizenship Papers
☐ Social Security Card
☐ Tax Returns (should be kept for seven years)
☐ Copy of Mortgage or Lease
☐ Deed to Home
☐ Promissory Notes
☐ Financial Investment Statements
☐ Title of Ownership for Cemetery Lot or Mausoleum Crypt

Other (specify) ____________________________________________________
PERSONAL INFORMATION AND HISTORY

Full Name ____________________________________________

Address __________________________________________ City/Prov. __________________

Postal Code ______________ Phone Number __________________________

Birthplace ________________________________________________

City/Town Province/State Country

Date of Birth __________________________

Day Month Year

Social Security Number __________________________

Marital Status __________ Name of Spouse ______________________

Marriage __________________________

Day Month Year Location

Name and Birthplace of Father __________________________

Name and Birthplace of Mother __________________________

Name and Birthplace of Children

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthplace</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NEW ORLEANS CATHOLIC CEMETERIES • www.NOLA CatholiCcem.org
# PEOPLE TO NOTIFY IN THE EVENT OF DEATH

## Relatives

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Friends

<table>
<thead>
<tr>
<th>Name/Phone Number</th>
<th>Name/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Other (Clubs, Associations)

<table>
<thead>
<tr>
<th>Name/Phone Number</th>
<th>Name/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FUNERAL/MEMORIAL INSTRUCTIONS**

I have pre-arranged my funeral with ________________________________  
Funeral Home Name

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Prov.</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

If funeral home arrangements have not already been made, please fill out the following information:

Preferred Funeral Home: ________________________________  
Funeral Home Name

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Prov.</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Visitation  
☐ Yes  ☐ No
Casket to be  
☐ Open  ☐ Closed
Type of Casket  
☐ Wood  ☐ Metal

Clothing to be Worn ________________________________

Jewelry to be Worn ________________________________

Jewelry  
☐ To stay on
☐ To be given to (for safekeeping) ________________________________
Wedding Ring  
☐ To stay on
☐ To be given to (for safekeeping) ________________________________

Funeral Service to be  
☐ Open  ☐ Private

Service to be Held

☐ Church ________________________________

☐ Funeral Home Chapel ________________________________

☐ Other ________________________________

☐ Memorial Service After Cremation
   Held at ________________________________
PREFERENCES

Preferred Clergy to Officiate ___________________________ Name ___________________________ Phone Number ___________________________

Songs ____________________________________________

_______________________________________

_______________________________________

Preferred Pallbearers ____________________________

_______________________________________

_______________________________________

Readings or Scripture to be Used ____________________________

_______________________________________

_______________________________________

I would like:   [ ] Tomb or Coping Burial   [ ] Mausoleum Crypt

[ ] Cremation with Burial of Cremated Remains

[ ] Cremation with Niche Entombment of Cremated Remains

Preferred Crematorium (If not pre-arranged/paid)

_______________________________________

Preferred Catholic Cemetery/Mausoleum (If not pre-arranged/paid)

_______________________________________
Type of Memorial (if not pre-arranged/paid)

☐ Upright Monument      ☐ Government Marker

☐ Other ____________________________

Inscription______________________________

______________________________

______________________________

______________________________

______________________________

Special Instructions______________________________

______________________________

______________________________

______________________________

______________________________

☐ Veteran or ☐ Active Military

Branch of Service ________________________________

Dates of Service ________________________________

Location of Service ________________________________

Specify any government benefits pertaining to burial__________________________

______________________________
OBITUARY INFORMATION

List any information you want noted in your obituary: ______________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please designate “in lieu of flowers”, donations may be made in my memory to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
FINANCIAL INFORMATION & ASSETS

Safety Deposit Box Located at ____________________________________________

________________________________________  ____________  __________________
Address                  City                      Phone Number

Location of Key ____________________________________________________________

________________________________________  ____________  __________________
Address                  City                      Phone Number

Bank Accounts

Bank ____________ Type of Account _________  Account # _________
Branch Name ______________________________________________________________

________________________________________  ____________  __________________
Address                  City                      Phone Number

Bank ____________ Type of Account _________  Account # _________
Branch Name ______________________________________________________________

________________________________________  ____________  __________________
Address                  City                      Phone Number

Bank ____________ Type of Account _________  Account # _________
Branch Name ______________________________________________________________

________________________________________  ____________  __________________
Address                  City                      Phone Number

Pensions, Investments, Insurance and Other Assets

Do You Belong to a Company Pension Plan?    ☐ Yes    ☐ No

Name of the Plan _________________________________________________________

Account #___________ Name of Beneficiary ________________________________

Keep passwords for email and on-line accounts in a safe place.
If needed, let family know where to access the information.
INSURANCE

Life Insurance Policies

Company ____________________________ Policy# ________________

Type of Policy __________________________

Face Amount ________________ Cash Value _________________________

Name of Insured __________________________

Beneficiaries __________________________

_____________________________ Phone Number ________________

_____________________________ Phone Number ________________

Company ____________________________ Policy# ________________

Type of Policy __________________________

Face Amount ________________ Cash Value _________________________

Name of Insured __________________________

Beneficiaries __________________________

_____________________________ Phone Number ________________

_____________________________ Phone Number ________________

Company ____________________________ Policy# ________________

Type of Policy __________________________

Face Amount ________________ Cash Value _________________________

Name of Insured __________________________

Beneficiaries __________________________

_____________________________ Phone Number ________________

_____________________________ Phone Number ________________
PROFESSIONAL ADVISORS

Lawyer
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Accountant
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Insurance Agent
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Personal Finance Advisor
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Family Physician
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Clergy
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number

Other (specify) _____________________________________________
Name_________________________Phone Number ________________
Firm Name ________________________________________________
Address ___________________________________________________ City Phone Number
PROVIDED BY

New Orleans Catholic Cemeteries

FOR

DATE COMPLETED
Catholic Funeral Planning Guide

New Orleans Catholic Cemeteries
A Ministry of the Archdiocese of New Orleans

1000 Howard Ave., Suite 500
New Orleans, Louisiana 70113
504.396.3050
(Fax) 504.396.3055
NolaCatholicCem.org
Follow us on Facebook