

Funeral Planning Form



**Funeral Home should fill out Bold Parts of this Form and email it to
office@sjmanor.org**

Name of Deceased: _____

Name of Person Planning: _____

Phone #: _____ **Email:** _____

Name of Funeral Home: _____

Funeral Home Contact: _____

Phone # _____ **Email:** _____

Rosary

Date, Time & Location Requested:

Person Assigned: _____ **Phone #:** _____

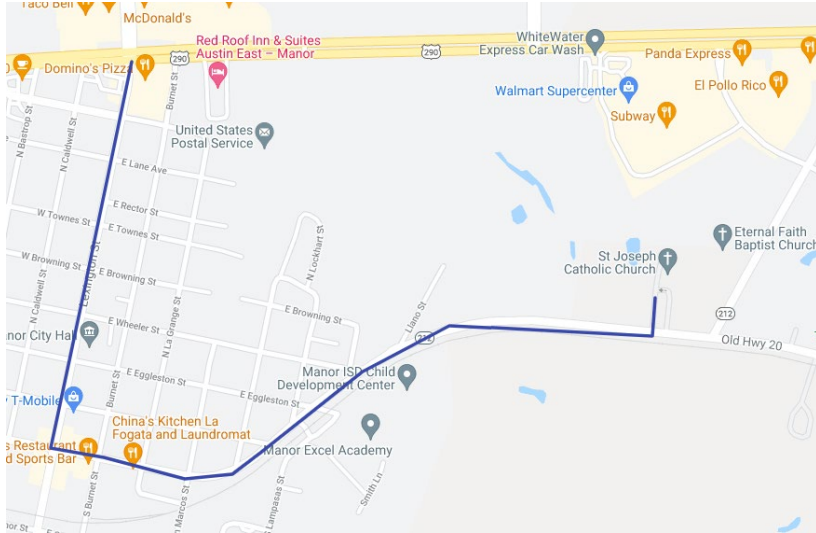
Mass

Date & Time Requested:

 Burial **Cremation**

Clergy Assigned: _____ **Phone#:** _____

There will be Police Escort (Police must escort the funeral away from the traffic light at corner of FM 973 & Old Highway 20 to avoid traffic jam: see map)



[] Graveside

Date & Time Requested (if without a Mass):

Person Assigned: _____ Phone#: _____

NOTES TO PARISH: