

**ST. JOHN THE APOSTLE  
FUNERAL MASS FORM**

FIRST + MIDDLE NAMES \_\_\_\_\_

LAST NAME \_\_\_\_\_

NEAREST RELATIVE:

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

CITY, STATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

BIRTH CITY, STATE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ AGE \_\_\_\_\_

SACRAMENTS RECEIVED:

BAPTISM \_\_\_\_\_ RELIGION OF BAPTISM \_\_\_\_\_

PROFESSION OF FAITH (RCIA) \_\_\_\_\_

1<sup>ST</sup> COMMUNION \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

MARRIAGE \_\_\_\_\_

OTHER \_\_\_\_\_

BAPTISM:

DATE \_\_\_\_\_

CHURCH \_\_\_\_\_

CITY, STATE \_\_\_\_\_

PROFESSION OF FAITH (RCIA):

DATE \_\_\_\_\_

CHURCH \_\_\_\_\_

CITY, STATE \_\_\_\_\_

MASS: DATE \_\_\_\_\_ PRIEST \_\_\_\_\_

BURIAL: Casket      Cremation

DATE \_\_\_\_\_

NAME OF CEMETERY \_\_\_\_\_

CITY, STATE \_\_\_\_\_

GRAVESIDE SERVICE WITH PRIEST?    Yes                  No

PARISHIONER?                  Yes                  No

NAME OF PERSON PROVIDING INFORMATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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ID \_\_\_\_\_ PDS \_\_\_\_\_ Spreadsheet \_\_\_\_\_ Registry \_\_\_\_\_ Rev. \_\_\_\_\_  
Notification Sent \_\_\_\_\_ Date sent \_\_\_\_\_ Returned \_\_\_\_\_ Date returned \_\_\_\_\_ 8/18