DEATH REGISTER

DIOCESE OF LAFAYETTE-IN-INDIANA

Transcript to be sent to Chancery Annually

Calendar Year: **2019**

Parish: **City:**

Date of Death	Name	Age	Place of Burial	Date of Burial	Officiating Priest

TOTAL # of Deaths (All Pages) **:**

The above is a correct transcript of the records of this parish. (SEAL) Pastor's Signature: **Date:**