



## FUNERAL SERVICE INTAKE

GENERAL INFORMATION		
Date:		
Home Parish:		
Name of the Deceased: (Last) _____ (First) _____ (Middle) _____ (Nickname) _____ (Ethnicity) _____		
Gender: Male ___ Female ___	Date of Birth: _____	Age: _____
Marital Status: Married ___ Single ___ Divorced ___ Widow(er) ___		
Survived by: Spouse: _____		
Parents: _____		
Siblings: _____		
Children: _____		
Date of Death: _____	Cause of Death: _____	
CONTACTS		
Name of Contact (Family): _____		
Address: _____		
Phone No.: _____	E-mail: _____	
Next of Kin: _____	Relationship: _____	Phone No.: _____
Address: _____		E-mail: _____
Name of Mortuary: _____		
Name of Contact Person: _____		
Contact Number: _____		
VIGIL - ROSARY		
Location: _____	Date: _____	Time: _____
Minister: _____		
Eulogy: Yes ___ How many? ___ No ___		

SERVICE		
Funeral Mass ___ Funeral Service ___ Memorial Mass ___ Body ___ No Body ___ Urn ___ No Urn ___		
Location:	Date:	Time:
Minister:	Choir:	
LITURGY		
Gathering Song:		
1 <sup>st</sup> Reading (OT):	Reader:	
Responsorial Psalm:	Reader/Cantor:	
2 <sup>nd</sup> Reading (NT):	Reader:	
Alleluia Verse:	Reader/Cantor:	
Gospel:	Priest/Deacon:	
Homily:	Priest/Deacon:	
Prayer of the Faithful/Gen. Intercessions:	Reader:	
Offertory Song:	Gift Bearers:	
Sanctus:	Memorial Acclamation:	
Great Amen:	Our Father:	
Doxology:	Agnus Dei:	
Communion Songs:	Eulogy (Optional):	
Recessional Song:		
Other Songs Requested:		
Homily Notes:		
COMMITTAL		
Will there be a Rite of Committal? Yes ___ No ___		
Location:		
Date:	Time:	
RECEPTION		
Do you have plans for reception? Yes ___ No ___ If yes, where?		
If it'll be in the Parish Hall:		
Time: _____ Number of Guests: _____		
Would the family provide the food? Yes ___ No ___		
Would you like the Bereavement Ministry provide the food? Yes ___ No ___		
Would the reception be catered? Yes ___ No ___		

\*Suggested Donation: \$200.00

<sup>1</sup> Please coordinate the reception with the Bereavement Ministry by calling Ella Baxa at (916) 849-0685.