

† **DEATH NOTICE and FAMILY INFORMATION** †

Deceased Name: _____
(PLEASE PRINT CLEARLY)

Pronunciation, if necessary: _____

Preferred Name Called: _____

Date of Birth: _____ Age at time of death: _____

Date of Death: _____

Deceased Relationship to Survivor: _____

Member of St. Gabriel? (Please Circle One) Yes No

* If Funeral is at St. Gabriel, Funeral Home: _____

Funeral Date and Time: _____

Celebrant: _____

St. Gabriel Columbarium? Yes _____ No _____ Niche # _____

Cemetery: _____

** If Funeral is not at St. Gabriel, City and State where buried: _____

For Office Use:	
Completed by: _____	
Date: _____	
Entered in Ledger by: _____	
Date: _____	
Entered in Database by: _____	
Date: _____	
<input type="checkbox"/> Pulpit Announcement	
<input type="checkbox"/> Bulletin Announcement	
<input type="checkbox"/> Follow-up Mailings	
<input type="checkbox"/> Memorial Mass Invitation(s)	
Memorial Mass Date _____	

SURVIVOR INFORMATION

Survivor Full Name: _____ Preferred Name Called: _____

Survivor Address: _____

Survivor City, State: _____ Zip: _____

Survivor Home Phone: (_____) _____ - _____ Survivor Cell Phone: (_____) _____ - _____

Survivor Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____

Additional Family Members:

Full Name: _____ Preferred Name Called: _____

Address: _____

City, State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____

PLEASE LIST ADDITIONAL FAMILY MEMBERS ON BACK

Deceased Full Name: _____

ADDITIONAL FAMILY MEMBERS

Full Name: _____ Preferred Name Called: _____

Address: _____

City, State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____

Full Name: _____ Preferred Name Called: _____

Address: _____

City, State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____

Full Name: _____ Preferred Name Called: _____

Address: _____

City, State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____

Full Name: _____ Preferred Name Called: _____

Address: _____

City, State: _____ Zip: _____

Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

Email Address: _____

Survivor Relationship to Deceased: _____

Member of St. Gabriel? (Please Circle One) Yes No Memorial Mass Card Sent _____