



Funeral and Burial Rites Form
St. Christopher Church
West Covina, CA

_____ **Funeral Mass**

_____ **Funeral Rites w/o Mass** **For:** _____

_____ **Committal (Burial) Rites** **Age:** _____

Contact info: _____ **Tel. #:** _____

Email: _____ **Relationship to the Deceased:** _____

Date: _____ **Time:** _____

Mortuary/Cemetery:

Address/Location:

Officiating Priest/Deacon: _____

Bereavement Minister: _____

Date contacted: _____