



DIOCESE OF VICTORIA PRIEST FUNERAL AND BURIAL INSTRUCTIONS

The following information, concerning funeral and burial instructions reflects my preferences and desires with regard to the actions to be taken upon my death. This information has been discussed with my family members and/or power of attorney and/or executor of my will. This information is intended to assist my family, and the Diocese of Victoria, in their responsibilities for making the necessary arrangements upon my death.

Name: _____ Date: _____

I appoint _____ to be responsible for making my funeral arrangements.

If not available to do so, I appoint _____. At my death, I would like _____ Funeral Home to be contacted. The address is:

I do () or do not () have a pre-arranged funeral agreement with this funeral home.

I wish to have the Vigil for the Deceased and the Funeral Mass at:

Vigil: _____

Funeral Mass: _____

I wish the following bishop/priest to conduct the services:

Vigil: _____

Funeral Mass: _____

I prefer the following bishop/priest to preach the homily:

First Choice: _____

Second Choice: _____

I prefer that instead of sending flowers, Masses/memorial gifts be made to:

I make the following liturgical suggestions, for my funeral Mass:

First Reading: _____

Psalm: _____

Second Reading: _____

Gospel: _____

Prayers: _____

Music: _____

Other Suggestions:

Prayer on back of Memorial Card:

I prefer to be buried at the following cemetery (include name and address):

Type of casket preferred: _____

Pallbearers:

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name	Relationship	Telephone
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Vestments for burial: _____

PARTICULAR INSTRUCTIONS TO FUNERAL HOME: _____

Personal information needed by the funeral home/Funeral Mass preparation:

Residence Street Address	City	State	Zip Code
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Social Security Number

Father's Name

Mother's Maiden Name

Date of Birth

Place of Birth

Seminary/Seminaries Attended:

Graduate Studies:

KEY INDIVIDUALS TO NOTIFY:

Doctor's Name	Hospital/ Office	Phone
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Executor of Will	Relationship	Phone
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Attorney's Name	Law Firm	Phone
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Location of Will: safety deposit/bank/lawyer's office, in rectory office, etc.

CLOSEST LIVING RELATIVES:

1. _____
Name Relationship Phone

Residence Street Address City State Zip Code

2. _____
Name Relationship Phone

Residence Street Address City State Zip Code

3. _____
Name Relationship Phone

Residence Street Address City State Zip Code

4. _____
Name Relationship Phone

Residence Street Address City State Zip Code

5. _____
Name Relationship Phone

Residence Street Address City State Zip Code

INSURANCE POLICIES:

1. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

2. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

3. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

4. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

5. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

PRIEST'S PERSONAL EFFECTS

In order to prevent confusion, as to ownership of various items located in the parish rectory and church, please list items which are your personal property. Be as specific as necessary, so that your personal effects can be identified by those who will be responsible for your estate. It is helpful to state the location of such items. **Please use the back, if additional space is required.**

Vestments: _____

Sacred Vessels: _____

Books: (State the name and location of any personal books): _____

Please specify recipient: _____

Donate to library, family member, friend, etc.: _____

Furnishings: _____

Please specify recipient: _____

Art Work: _____

Please specify recipient: _____

Electronic Devices: Please specify recipient:

Stereo: _____

Television: _____

Computer, Ipad etc.: _____

Other: _____

Sporting/Athletic Equipment: _____

Other Items: (please specify: special articles, plants, pets, etc.)

Please Print Name: _____

Date: _____

Signature: _____