

Funeral Information: St. Benedict Parish/St. Francis Xavier Church

Name: _____ Age: _____

Address: _____ Telephone: _____

Date of Death: _____ Sacraments: YES NO

Funeral Home: _____ Cemetery: _____

Vigil Service: YES NO

Date/Time: _____ Funeral Mass/Mass/Memorial/Liturgy

Presider: _____ Presider _____

Organist/Singer: _____ Contacted: _____

Name: _____ YES NO

Name: _____ YES NO

Person making Arrangements: _____ Telephone: _____

Circumstances of Death: _____

Survivors: (Relationships)/ One address if other than address of deceased.

Cultural Background: _____

Active in Parish: YES NO ACTIVITY _____

Parish Organizations. _____

Support for Survivors: YES NO

Recommendations for Grief Support: YES NO

Four Weeks ___ Immediately ___ Card only ___

Other (Specify): _____

Completed by: _____ Date: _____