

FUNERAL INFORMATION – CONFIDENTIAL

GENERAL INFORMATION

Name of Deceased: _____

Age: _____ Gender: M F

Date of Birth: _____ Date of Death: _____

Priest/Deacon Arranging Services: _____

Person to contact: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

email: _____ Contact phone: _____

Mortuary: _____ Contact phone: _____

ORDER OF CHRISTIAN FUNERALS

Vigil: Yes No Place: _____

Date: _____ Day: _____ Time: _____ Presider: _____

Funeral Liturgy: Funeral Mass Liturgy outside Mass Memorial Mass Committal Service only

Date: _____ Day: _____ Time: _____ Presider: _____

Place: SA Church SES Church SES Chapel Other: _____

Body Present in Church: Yes No Cremains Present in Church: Yes No

1st Reading: _____ Short Long Lector: _____

Responsorial Psalm: _____ (sung): _____

2nd Reading: _____ Short Long Lector: _____

Gospel: _____ Short Long Priest/Deacon: _____

Prayer of the Faithful: _____ Lector: _____

Family Offertory Procession: Yes No Names: _____

Reflections: (Six minutes total) Yes No Number: _____ (NO MORE THAN THREE)

Names: _____

Communion Both Species: Yes No Eucharistic Ministers: Yes No

Music:

Liturgical songs only: _____

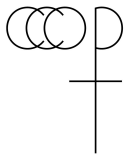
Musician: _____ Vocalist: _____ Other: _____

Live Stream: Yes No Subject to availability – NOT AVAILABLE in St. Elizabeth Seton Church

Reception: Yes No **NO SATURDAY RECEPTIONS - NO AUDIO / VIDEO EQUIPMENT AVAILABLE**

Cemetery / Committal:

Date: _____ Day: _____ Time: _____ Presider: _____



FUNERAL INFORMATION – CONFIDENTIAL

NAME OF DECEASED: _____ Age: _____ Gender: M F

Address: _____ City: _____ ZIP: _____

Cause of Death (special circumstances): _____

FAMILY

Immediate Family Members and Significant in-laws:

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

Culture: _____

Family Language: _____

Personal History and Life of Deceased:

FOR OFFICE USE ONLY – Please give the original to secretary.

- | | |
|---|--|
| <input type="checkbox"/> Notify Olga to schedule church facilities. | <input type="checkbox"/> Arrange for musician and vocalist (contact Ira Stein-Music Director). |
| <input type="checkbox"/> Make copy of Funeral Information Form - front and back and 2 copies of each of the readings selected by the family for the Priest. | <input type="checkbox"/> Call mortuary and/or family with names of musicians and other required information. |
| <input type="checkbox"/> Mail 2 copies - FRONT ONLY to Bereavement Support Minister, Mary Kay Clauser. | <input type="checkbox"/> Follow through on stipends to church and musicians.
<input type="radio"/> Church paid <input type="radio"/> Musicians paid |
| <input type="checkbox"/> E-mail copy FRONT ONLY to musicians, sacristan, SES Secretary, Facility Manager (Bronco), Faith Formation (Sharon Hanson) and reception coordinators. | <input type="checkbox"/> For committal, call CFCS – Office: (925) 455-9696 |
| <input type="checkbox"/> Arrange for sacristan:
<input type="radio"/> Beanie Estes STA (925) 846-0171 e-mail : ama.beanie@gmail.com
<input type="radio"/> Imelda Dody STA (925) 202-9159 e-mail: chammi2@comcast.net
<input type="radio"/> JC Calderon SES - (510) 415-7828 C or (510) 886-0873
e-mail: j.c.chen.calderon@gmail.com | <input type="checkbox"/> Update Realm database (SES)
<input type="checkbox"/> Record information in Death Register. |