

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

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

Communion Both Species: ☐ Yes ☐ No Eucharistic Ministers: ☐ Yes ☐ No

Music:

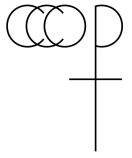
Liturgical songs only: _____

Musician: _____ Vocalist: _____ Other: _____

Reception: ☐ Yes ☐ No **NO SATURDAY RECEPTION - 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:

Would you like an ELECTRONIC funeral announcement: ☐ YES ☐ NO

FOR OFFICE USE ONLY – Please give original to secretary.

- | | |
|--|--|
| <input type="checkbox"/> Notify Olga or Michael 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 <u>FRONT ONLY</u> to musicians, sacristan, SES Secretary, Facility Manager (Bronco), Faith Formation (Sharon Hanson) and reception coordinators (JoAnn Duncan). | <input type="checkbox"/> For committal, call Frank Draschner – Office: (925) 455-9696 or Mobile: (925) 784-6666 |
| <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 H e-mail: j.c.chen.calderon@gmail.com | <input type="checkbox"/> Update Realm database (SES)
<input type="checkbox"/> Record information in Death Register. |