

# FIRST CALL FUNERAL INFORMATION

Funeral Home Name: \_\_\_\_\_

Person Calling \_\_\_\_\_ ( ) \_\_\_\_\_

Date \_\_\_\_\_ Time of Call \_\_\_\_\_ Receiver \_\_\_\_\_

\*\*\*\*\*  
\*NAME OF DECEASED \_\_\_\_\_

Cause of death \_\_\_\_\_ Death Date \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_

Registered Parishioner: \_\_\_Yes \_\_\_No ID # \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ ( ) \_\_\_\_\_

Baptized  Yes  No

Cremation: Urn Present:  Yes  No

Body Present:  Yes  No

Funeral Mass  Yes  No

Memorial Mass  Yes  No

Chapel Service  Yes  No

Language  Spanish  English

Requested Date and Time of Wake/Rosary: \_\_\_\_\_

Person Leading the Rosary: \_\_\_\_\_

Requested Date and Time of Mass: \_\_\_\_\_

Celebrant: \_\_\_\_\_

Graveside Service at \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_