

FUNERAL FORM TO BE LEFT ON FILE AT ST. FRANCIS IN THE FIELDS

In consultation with the clergy of St. Francis in the Fields, please fill this out returning a copy to the church office, giving a member of your family a copy, and keeping another for yourself.

Name: _____ Date: _____

Full Name: _____

Address: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Spouse's Full Name: _____

Spouse's Address: _____

THOSE TO NOTIFY UPON MY DEATH

I request (check one)

The Burial of the Dead and Eucharist (check one)

Rite I

Rite II

The Burial of the Dead (check one)

Rite I

Rite II

Officiating clergy: _____

Requested Hymns: _____

Old Testament Reading: _____

Reader: _____

New Testament Reading: _____

Reader: _____

The Gospel: _____

Homilist: _____

Other Speaker(s) (if desired): _____

Pall bearers: _____

Ushers: _____

BURIAL

I prefer to be buried

Location of burial plot: _____

I prefer to be cremated

Ashes may be placed: _____

Location: _____

MEMORIAL GIFTS *In lieu of flowers, I ask that contributions be made to:*

Church, Name of Institution, or Charity

Address

Church, Name of Institution, or Charity

Address

Church, Name of Institution, or Charity

Address

FUNERAL HOME

I prefer the following funeral home: _____

I have already made arrangements with the above funeral home.

OTHER SPECIAL REQUESTS (Not previously covered)

I request the following: _____

