



ST. CATHERINE LABOURÉ PARISH
FUNERAL INFORMATION SHEET



Name of Deceased: _____

Date of Birth: ___/___/___

Date of Death: ___/___/___

Contact Person: _____ Relationship: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Funeral Mass Date/Time: _____ Casket Cremation

Funeral Home: _____ Phone: (____) _____ - _____

Visitation: Funeral Home Church Oratory Date/Time: _____

Cemetery: _____ Date/Time: _____

THE FUNERAL MASS

Celebrant: _____

First Reading: _____ Reader: _____

Responsorial Psalm: _____ (will be sung)

Second Reading: _____ Reader: _____

Gospel Reading: _____ Intercessions Reader: _____

Music Selections: _____

Gift-bearer(s): _____ Words of Remembrance: _____

Check if: Flash drive will be provided for images Luncheon in Leo Hall is requested

Number of programs: _____ Front Image: _____

OFFICE USE ONLY

Funeral Coordinator: _____ Sacristan: _____

Organist: _____ Cantor: _____

Altar Servers: _____