Name of Deceased:							
Date of Birth: D		ate of Death:			А	Age:	
Address:				City:			
Family Contact Information							
Name:				Relationship:			
Address:				City: Zip:			Zip:
Phone Number:				Email:			
Other Family Members:							
Funeral Director							
Funeral Home:				Phone Number:			
Name of Funeral Director:							
Funeral Arrangement							
Funeral Date:	neral Date: Time:			Location: Church Chapel			
Presider:				Deacon:			
Cantor:				Musician:			
Vigil Prayer Service? Yes No Timeframe of			of V	Vigil: Time of Prayers:			
Vigil Presider:				Vigil Location:			
Reviewal? Yes No Location of Reviewal: Plaza Chapel St. Therese Crucifix Reviewal Time:							
Place of Burial: Time and Date of Burial:							
Luncheon? Yes No Peg Joyce (651-633-4070) contacted? Yes No Estimated Attendance:							
Servers: Yes No Gift Bearers: Yes No				Lectors: Church Family 1 2 3			
Parish Involvement:							
Cremation? Yes 🗌 No 📃 Will the Body be Present for the Funeral? Yes 🗌 No 🗌 Funeral Hosts:							
Live Stream? Yes No Facebook YouTube							
Picture Slideshow on TVs? Yes No Date pictures will be dropped off:							
Readings: Music:							
Old Testament:			_	Opening Hymn:			
New Testament:				Response Psalm:			
Gospel:				Prep. of Gifts:			
Eulogy? Yes No				Communion:			
Mass? Yes No Ceremony? Yes No							

Additional Requests or Comments? .