



# ST. ANTHONY'S CATHOLIC CHURCH

## FUNERAL ARRANGEMENTS

NAME OF DECEASED: SURNAME	GIVEN NAMES: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FAMILY MEMBER CONTACT & RELATIONSHIP:	HOME PHONE: CELL PHONE: EMAIL:
FUNERAL HOME/CONTACT & PHONE NUMBER:	CASKET <input type="checkbox"/> OR URN <input type="checkbox"/>
VIGIL PRAYER: DATE & TIME	LOCATION & PRIEST:
FUNERAL MASS: DATE & TIME	LOCATION & PRIEST:
GRAVESIDE SERVICE: DATE & TIME	LOCATION & PRIEST:
READINGS: OLD TESTAMENT READING: _____ RESPONSORIAL PSALM: _____ NEW TESTAMENT READING: _____ GOSPEL READING: _____	
EULOGIES (if any):	
ADDITIONAL INFORMATION:	

