

INSTRUCTIONS FOR A PRIEST'S FUNERAL

INFORMATION FOR THE CHURCH

My Name: _____

I wish _____ to be responsible for making arrangements.

At my death, I wish _____ Funeral Home to be contacted.

I do () or do not () have a pre-arranged funeral agreement with this Funeral Home.

I wish to have the Vigil for the Deceased and the Funeral Mass at:

Vigil for the Deceased _____ *Funeral Mass* _____

I wish the following bishop/priest to conduct the Services:

Vigil for the Deceased _____ *Funeral Mass* _____

I wish the following bishop/priest to give the homily:

First Choice _____ *Second Choice* _____

I would prefer that instead of sending flowers, my friends make memorial gifts to:

I make the following suggestions of material which I would like to have used in my service:

Scriptural Passages:

First Reading _____ *Psalm* _____

Second Reading _____ *Gospel* _____

Prayers _____

Music _____

Prayer on back of picture card _____

Pallbearers _____

INFORMATION FOR THE FUNERAL HOME

(Name of Funeral Home) (Phone)

(Street Address) (City) (State) (Zip Code)

My personal information needed by the mortuary:

(Street Address) (City) (State) (Zip Code)

(Social Security Number) (Occupation)

(Date of Birth) (Place of Birth)

(Father's Name) (Father's Place of Birth)

(Mother's Maiden Name) (Mother's Place of Birth)

(Citizenship) (Race) Ever in the armed forces? Yes ___ No ___

Military ID# _____

(Undergraduate Studies) (University Attended)

(Graduate Studies) (Seminary Attended)

I prefer to be buried at:

____ Mount Olivet Cemetery, Dickinson ____ Holy Cross Cemetery, Houston

____ St. Vincent Cemetery, Houston ____ Calvary Cemetery, Galveston

____ Brookside, Catholic Sect., Houston ____ Garden of Gethsemane, Catholic Sect., Houston

____ Holy Sepulchre, Catholic Sect., Houston ____ San Jacinto, Catholic Sect., Houston

____ Other _____ ____ Calvary (Forest Park), Catholic Sect., Houston

Type of casket preferred _____ Open Casket: ___ Yes ___ No

I prefer to be cremated ___ Yes ___ No

I would like to have my () organs and/or () body donated for scientific research. If selection is made, please complete Directive to Physicians and Anatomical Gift forms.

KEY PERSONS TO NOTIFY UPON DEATH

- If discovered at home, the police or sheriff: _____
- If at home under hospice care, the attending hospice: _____
- If at home or cause of death unknown, Medical Examiner _____

Doctor's Name _____ Phone _____

Doctor's Name _____ Phone _____

Funeral Home Name _____ Phone _____

Executor of the Will _____ Phone _____

Attorney's Name _____ Phone _____

CPA's Name _____ Phone _____

Employer of Deceased **Archdiocese of Galveston-Houston** Phone **713-659-5461** _____

Chancellor's Name _____ Phone _____

List of Relatives and Friends

1) Name _____ Phone _____

Address _____

Relationship _____

2) Name _____ Phone _____

Address _____

Relationship _____

3) Name _____ Phone _____

Address _____

Relationship _____

4) Name _____ Phone _____

Address _____

Relationship _____

5) Name _____ Phone _____

Address _____

Relationship _____

- 6) Name _____ Phone _____
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- 7) Name _____ Phone _____
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- 8) Name _____ Phone _____
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- 9) Name _____ Phone _____
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- 10) Name _____ Phone _____
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- 11) Name _____ Phone _____
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- 12) Name _____ Phone _____
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Relationship _____
- 13) Name _____ Phone _____
Address _____
Relationship _____
- 14) Name _____ Phone _____
Address _____
Relationship _____
- 15) Name _____ Phone _____
Address _____
Relationship _____