



Archdiocese of Galveston-Houston

Office of the Permanent Diaconate

Funeral Instructions for Deacon

Deacon's Full Name: _____

Wife's Name: _____ Date of Marriage: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Contact: _____ Phone: _____

Family Contact: _____ Phone: _____

INFORMATION FOR THE FUNERAL HOME

Funeral Home: _____ Phone: _____

Address: _____

Name of Funeral Home Director: _____

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

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

_____ Veteran's National Cemetery

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

_____ Other _____

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.

My personal information needed by the mortuary:

(Social Security Number)

(Occupation)

(Date of Birth)

(Place of Birth)

(Father's Name) Alive? ___Yes ___No

(Father's Place of Birth)

(Mother's Maiden Name) Alive? ___Yes ___No

(Mother's Place of Birth)

(Citizenship)

(Race)

Children: _____

Number of Grandchildren: _____ Number of Great Grandchildren: _____

Brothers' Names: _____

Sisters' Names: _____

School(s) with dates of attendance:

(Name of School) (City) (State)

(Diplomas or Degree(s) Awarded)

(Name of School) (City) (State)

(Diplomas or Degree(s) Awarded)

School(s) with dates of attendance continued:

(Name of School) (City) (State)

(Diplomas or Degree(s) Awarded)

(Name of School) (City) (State)

(Diplomas or Degree(s) Awarded)

Date of Ordination: _____ Place of Ordination: _____

Ordaining Bishop: _____

Parish Assigned: _____

Pastor's Name: _____

Other Parishes Where You Have Served:

(Name of Parish) (City) (State)

(Name of Parish) (City) (State)

(Name of Parish) (City) (State)

(Name of Parish) (City) (State)

Military Service: Yes _____ No _____

Branch: _____ Rank: _____

Medals and Awards:

INFORMATION FOR THE CHURCH

Deacon's Full Name (the deceased): _____

Wife's Name: _____ Phone: _____

Address: _____

Family Contact: _____ Phone: _____

Family Contact: _____ Phone: _____

Funeral Home: _____ Phone: _____

Address: _____

Name of Funeral Home Director: _____

Vigil Service for Deacon

Location:

(Name of Funeral Home/Church) (City) (State)

When (time): _____ Celebrant: _____

Rosary following Vigil? Yes ___ No ___ Who will lead? _____

1st Reading: _____ Reader: _____

Psalm: _____ Reader: _____

Gospel: _____ Proclaimed by the presider

Homilist (if different from presider): _____

Any Eulogies? Yes ___ No ___ Whom: _____

*Note: Eulogies are to be done at the Vigil and not at the Funeral Mass

Music: Entrance Song _____

Recessional Song _____

Funeral Mass of the Deacon

(Name of Parish)

(City)

(State)

Place for the Rite of Committal: _____

Presider (normally the Archbishop or his delegate): _____

Concelebrant(s): _____

Deacon of the Word: _____

Deacon of the Altar: _____

Cantor: _____ Homilist: _____

Placing of Pall (deacons or family): _____

Entrance Song: _____

1st Reading: _____ Reader: _____

Responsorial Psalm (sung): _____

2nd Reading: _____ Reader: _____

Gospel: _____ Proclaimed by: _____

Presentation of the Gifts by: _____

Offertory Song: _____

Communion Song: _____

Meditation Song if any: _____

Song of Farewell: _____

Recessional Song: _____

Other Instructions (i.e., who is to receive crucifix, etc.):

Rite of Committal for Deacon

Presider: _____

Cemetery: _____

If there is anything that you feel was not included above, please indicate it on a separate type written page(s) and attach it to this form.

Please sign and date this form. Make copies and send one to the Director of the Office of the Permanent Diaconate.

Deacon Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

If any changes are made to this document, please provide a copy to the Office of the Permanent Diaconate.

Office of the Permanent Diaconate

Phone: 713.659.5461 **Fax:** 713.759.9151

Physical Address

1700 San Jacinto
Houston, TX 77002-8291

Mailing Address

P.O. Box 907
Houston, TX 77001-0907

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 _____ Phone _____

Archdiocese of Galveston-Houston

Chancellor's Name _____ Phone _____

Director, Office of the Permanent Diaconate _____

Work Phone: _____ Cell 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 _____
Address _____
Relationship _____
- 7) Name _____ Phone _____
Address _____
Relationship _____
- 8) Name _____ Phone _____
Address _____
Relationship _____
- 9) Name _____ Phone _____
Address _____
Relationship _____
- 10) Name _____ Phone _____
Address _____
Relationship _____
- 11) Name _____ Phone _____
Address _____
Relationship _____
- 12) Name _____ Phone _____
Address _____
Relationship _____
- 13) Name _____ Phone _____
Address _____
Relationship _____
- 14) Name _____ Phone _____
Address _____
Relationship _____