

ST. BENEDIT'S EPISCOPAL CHURCH

FUNERAL REQUEST FORM

TODAY'S DATE: _____

NAME OF DECEASED: _____

DATE OF DEATH: _____ AGE: _____

PERSON CALLING ABOUT FUNERAL SERVICE: _____

RELATIONSHIP: _____

FUNERAL HOME / COMPANY HANDLING FUNERAL ARRANGEMENTS:

NAME _____ ADDRESS _____

FUNERAL DIRECTOR (PERSON FAMILY SPOKE TO FOR ARRANGEMENTS):

NAME _____ PHONE # _____

TYPE OF SERVICE:

-REGULAR EUCHARIST (FULL MASS) _____ FOLLOWED BY BURIAL _____
Traditional funeral services after a person has died - may or may not be followed by local burial.

-MEMORIAL SERVICE (WITH EUCHARIST) _____ WITH NO EUCHARIST _____
At church after a person has been dead for some time - family gathers at a later date for church service.

-GRAVESIDE SERVICE AND INTERMENT _____
Done at cemetery, Memorial Garden or another place of burial - No Eucharist at church.

-FUNERAL HOME VIGIL/PRAVERS _____
Done at the Funeral Home - often the evening before service and/or burial

Date and time of service: _____ Place: _____