FUNERAL INTERVIEW FORM

Casket _____ Urn _____

Cemetery _____

Date of Death _____ Date & Time of Mass _____ Celebrant _____

Name of Deceased _____ Age _____

Nick Name *(if any e.g. Nany, Flo, Chip)* _____ Military Service Branch _____

Spouse(s): _____

If Spouse is deceased, year of death _____ *If Spouse is living, years married* _____

Children and their Spouses:

_____

_____

_____

_____

_____

Grand-Children- # ____ ages ___ to ___

Great grands- # _____ ages ___ to ___

Great-Great-Grands- # ___ ages ____ to ____

Parents (Living or deceased) / Siblings

_____

_____

Family Member we can contact for Annual Parish Memorial Mass

Name _____ Email _____

Address _____ Phone _____

SCRIPTURE CHOICES

Old Testament _____ Read by _____

New Testament _____ Read by _____

Gospel _____

Prayer of the Faithful _____ Read by _____

Gifts _____

MUSIC CHOICES

_____

_____

_____

_____

Occupation(s) and years worked-

Cause of Death: Was it sudden, expected, sick? How long?

Likes, Hobbies, Social Clubs/Organizations-

Qualities that made this person special to family and friends-

Deceased's relationship to God, Church, Devotions (Saints,rosary,etc)

Other information that would be helpful, to better know your Love One-