

ST. JOSEPH CHURCH
Request for Funeral Mass/Peticion de Misa Funeral

Language Idioma: English _____ Or/o Español _____

Name of Deceased/Nombre del Difunto/a: _____ **Age/Edad** _____

Address/Direccion: _____ **Zip Code:** _____

Place of Death/Lugar del Fallecimiento: _____ **Date/Fecha:** _____

Last Rites/Unción de los enfermos: _____ **By: (Priest) (Sacerdote)** _____

Date and Time Requested for Funeral Mass: _____
Fecha y hora pedida para Misa

Name of Immediate Survivor: _____

Nombre del Sobreviviente

Address/Direccion: _____ **Zip:** _____

Phone/Telefonó: _____

Payment/Pagos: _____

Funeral Home/Funeraria: _____ **Director** _____

Address/Direccion: _____ **Phone/telefonó:** _____

	<u>Date/Fecha</u>	<u>Hour/Hora</u>	<u>Priest/Sacerdote</u>
Rosary Wake/Velatorio	_____	_____	_____
Grave Side/Sepultura	_____	_____	_____
Funeral Mass/Misa	_____	_____	_____

Music/Música Yes/Si No **Cantor/Cantante** Yes/Si No

Altar Servers/Monagillos: _____

Cemetery/Cementerio: _____

For Office Use Only

Application Taken By _____ *Date:* _____ *Time:* _____

Is the Family Registered at St. Joseph Church? Yes _____ No _____

If Yes, Envelope # _____ Date Registered in Parish _____

Date and Time Assigned for Funeral Mass: _____