



FUNERAL REQUEST FORM

FUNERAL ARRANGEMENTS			
FUNERAL HOME:		CONTACT:	
ADDRESS:			
PHONE:			
VIEWING CELEBRANT:			
VIEWING TIME:	ARRIVAL TIME:	<input type="checkbox"/> CASKET <input type="checkbox"/> ASHES	
CEMETERY:			
ADDRESS:			
PHONE:			
CEMETERY VISIT: YES <input type="checkbox"/> NO <input type="checkbox"/>		TIME:	
CELEBRANT:			
MASS			
MASS DATE:	MASS TIME:	LIVESTREAM: <input type="checkbox"/> Y <input type="checkbox"/> N <small>(Livestream donation \$50)</small>	
CELEBRANT:			
NAME OF DECEASED:		AGE:	ACTIVE PARISHIONER: Y <input type="checkbox"/> N <input type="checkbox"/>
DOB:		DOD:	
PLACE OF BIRTH:			
PLACE OF DEATH:			
# OF CHILDREN:	NAMES:		
LANGUAGE:	MILITARY:	<input type="checkbox"/> Y <input type="checkbox"/> N	
MUSICIAN: <input type="checkbox"/> Y <input type="checkbox"/> N <small>(MUSICIAN FEES ARE NOT INCLUDED)</small>	NAME:		
		TADEO CASTRO 754-224-9273	OMAR GONZALEZ 561-929-3483
CONTACT INFO			
NEXT OF KIN:		RELATIONSHIP:	
ADDRESS:			
PHONE:			

Signature of the Applicant

Pastor's Approval and Signature

** When the ashes are present, it is considered a Funeral Mass.*

** At the time of requesting the Funeral Mass, a deposit of \$100 must be offered up.*