

# Memorial Mass

In Honor of \_\_\_\_\_  
Name of deceased

Age of deceased: \_\_\_\_\_

Name of Parents, Wife or Husband \_\_\_\_\_

Address of nearest Relative:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Death \_\_\_\_\_

Sacraments received before passing:

\_\_\_\_\_

Attending Priest: \_\_\_\_\_

Date and Place of burial / Cremation Please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parishioner of Sacred Heart Anza Yes  No

Memorial Mass Date: \_\_\_\_\_ Time: \_\_\_\_\_

Stipend for Mass: \$

Please Make check or money order out to:

Sacred Heart Catholic Church  
Mailing address: P.O. Box 390118  
Anza, CA 92539