

# Funeral Record Form

Please select the church your family is a member of from the list below:

St. Mary's Catholic Church

St. Patrick's Catholic Church

St. Cecilia's Catholic Church

Please fill out this form as completely as possible. The information will be used to record the sacrament in our church records, which are shared with the Des Moines Diocese.

Deceased's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Burial: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Priest's Name: \_\_\_\_\_

Name of Relative: \_\_\_\_\_

Relative's Address: \_\_\_\_\_

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

Relative's Phone Number: \_\_\_\_\_

## For Office Use

Recorded in Sacrament Book: Yes No Recorded in ParishSoft: Yes No

Vol. \_\_\_\_\_ Pg. \_\_\_\_\_ No. \_\_\_\_\_

Recorded in Sacrament Book: Yes No

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Grave: \_\_\_\_\_