

**SAINT MARTIN OF TOURS
Funeral Information Form**

Name: _____ **Age:** _____ **Date of Death:** _____

Address: _____ **Phone:** _____
Street City

Next of Kin: _____ **Relationship:** _____

Address: _____ **Phone:** _____
Street City State Home Cell

Contact Person Name: _____ **Phone:** _____
Home Cell

Address: _____ **E mail** _____
Street City State

Name of Mortuary: _____ **Phone:** _____

DATE **DAY** **TIME** **PLACE**

Funeral Mass: _____
(Body or Creains)

Memorial Mass: _____
(Neither body nor creains)

Graveside: _____

If requested: _____
(Vigil/Rosary)

Date of Birth: _____ **City and State of Birth:** _____

Name of spouse: _____ **Names of children:** _____

Number of Grandchildren: _____ **Great - grandchildren** _____

Siblings: _____

Occupation: _____ **Interests/hobbies:** _____

Activities/ministries in the parish: _____