

FUNERAL ARRANGEMENTS



730 S. Euclid Street, Santa Ana, CA 92704

Phone: 714-775-7733 | Fax: 714-775-9467

____ PARISHIONER ____ NON-PARISHIONER ____ CHRIST FOREVER

NAME OF THE DECEASED: _____ AGE: _____

DATE OF DEATH: _____ DATE OF BIRTH: _____

CONTACT PERSON: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: (Cell) _____ (Home) _____

LITURGY

PRAYER SERVICE/VIEWING: _____

(DAY)

(DATE)

(TIME)

In Church: _____ At Mortuary: _____ Other: _____

Priest or Deacon: _____

FUNERAL MASS: _____

(DAY)

(DATE)

(TIME)

Priest Offering Mass: _____

GRAVESIDE (CEMETERY): _____

Priest or Deacon: _____

(DAY)

(DATE)

(TIME)

MORTUARY: _____

Location: _____

Contact: _____ Phone #: _____

Altar Servers: _____ Choir: _____ Contacted: _____

Pianist: _____ Contacted: _____ Date: _____ (initials _____)

Cantor: _____ Contacted: _____ Date: _____ (initials _____)

Bereavement Committee Contacted: _____ Date: _____ (initials _____)

REMARKS _____

Church Fee: _____

Church Viewing: _____

Altar Servers (2): _____

Choir: _____

Pianist: _____ Cantor: _____

Paid in Full: Cash _____ Ck No. _____