

# Saint Thomas More Catholic Church

## Graveside Services for the Funeral Planner

Name of Deceased: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Age: \_\_\_ Birthdate: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Form Started By: \_\_\_\_\_

Cause of Death: \_\_\_\_\_  
(Accident vs. Sickness)

Catholic ?  Yes  No Member of STM  Yes  No

Contact Person \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Address \_\_\_\_\_

Alt. Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mortuary:  Rose Chapel  Chapel of The Pines Other \_\_\_\_\_

Priest/Deacon presiding: \_\_\_\_\_

Graveside Service: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

List of immediate family members and their relationship to the deceased.

√ Check those who will be present.

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Membership in Church: \_\_\_\_\_ # Years

Note: \_\_\_\_\_  
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