



# Catholic Church of Saint Monica

## Funeral-Vigil-Interment Details

- Celebrant
- Deacon(s)
- Karen
- Bob

D.O.B: \_\_\_\_\_ D.O.D: \_\_\_\_\_

copies to: \_\_\_\_\_

### 1. Funeral Mass or Service Details

Est. # people attending funeral: \_\_\_\_\_

Name of Deceased (full name, and nickname, if any, for program) \_\_\_\_\_

- |  |                           |   |                        |
|--|---------------------------|---|------------------------|
| <input type="checkbox"/> <b>Funeral Mass</b>                   | with body / with cremains | } | Day, Date _____, _____ |
| <input type="checkbox"/> Memorial Mass                         | no body or cremains       |   | Time _____             |
| <input type="checkbox"/> Funeral <b>Service</b> , without Mass |                           |   | Location _____         |

Funeral address/city/state if not at St. Monica's or Funeral Home: \_\_\_\_\_

Priest &/or Deacon presiding \_\_\_\_\_

**FAMILY Contact's name** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ Email \_\_\_\_\_

- FUNERAL HOME Name**
- Bill Head-Duluth Chapel;** Steve Wimmer
  - Flanigan Funeral Home-Buford;** Junior Flanigan
  - Tom Wages-Lawrenceville Chapel;** \_\_\_\_\_

Other: \_\_\_\_\_ Director: \_\_\_\_\_  
Phone: \_\_\_\_\_

### 2. Vigil or Other services requiring a Priest, Deacon or Saint Monica staff or volunteer assistance

- Vigil/Visitation** at Church \_\_\_\_\_ at Funeral Home \_\_\_\_\_ Date/Time \_\_\_\_\_
- Will Rosary be prayed?** Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_
- No vigil/visitation Priest/Deacon \_\_\_\_\_

- 3.  Interment** Name of Cemetery/Mausoleum \_\_\_\_\_
- |                 |               |                            |               |
|-----------------|---------------|----------------------------|---------------|
| Immediate _____ | Delayed _____ | If delayed, Day/Date _____ | Address _____ |
| Body _____      | Ashes _____   | Time _____                 | City _____    |
- N/A; interment elsewhere. Priest/Deacon \_\_\_\_\_

### 4. Reception requested at Saint Monica's? Y N Time frame needed \_\_\_\_\_

Room assigned: LH Rm. \_\_\_\_\_  
St. Augustine Hall \_\_\_\_\_

Meals needed for family? Y N  
Contact: \_\_\_\_\_

Power point at reception? Y N  
Please email dfandrews@me.com  
And/Or bring on a thumb drive.

Healing Hearts Grief Support Ministry? Y N  
Email: Linda Masters linmasters111@yahoo.com