



Catholic Church of Saint Monica

Funeral-Vigil-Interment Details

- Celebrant
- Deacon(s)
- Karen
- Bridget

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

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. _____ Meals needed for family? Y N

St. Augustine Hall _____ Contact: _____

Power point/dvd at reception' Y N
Is so please
Email to Dandre4@bellsouth.net

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