



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) _____

Funeral **Mass** with body / with cremains } Day, Date _____ , _____

Time _____

Funeral **Service**, 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 _____

Healing Hearts Grief Support Apostolate?

- Yes
- No

Email: Linda Masters

linmasters111@yahoo.com