



Catholic Church of Saint Monica

Funeral-Vigil-Interment Details

D.O.B: _____ D.O.D: _____ Age: _____ City & State of Birth: _____

- ☐ Liturgy
- ☐ Fr. Baker
- ☐ Karen
- ☐ Madeline
- ☐ Laurence
- ☐ Cyndy
- ☐ Ed

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
- ☐ Livestream
- ☐ Memorial Mass no body or cremains
- ☐ Funeral **Service**, without Mass

Day, Date _____, _____

Time _____

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 _____

Family Address: _____

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: _____

Livestream? Y N

Power point at Reception? Y N

Is so please

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Dennis Andrews