



Catholic Church of Saint Monica

Funeral-Vigil-Interment Details

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

- ☐ Liturgy
- ☐ Fr. Baker
- ☐ Kris
- ☐ 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) _____

- | | | | | |
|--|---------------------------|---|-----------|-------|
| <input type="checkbox"/> Funeral Mass | with body / with cremains | } | Day, Date | _____ |
| <input type="checkbox"/> Livestream | | | | _____ |
| <input type="checkbox"/> Memorial Mass | no body or cremains | | Time | _____ |
| <input type="checkbox"/> 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 _____

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. _____ Meals needed for family? Y N
St. Augustine Hall _____ Contact: _____

Livestream? Y N
Power point at Reception? Y N
Is so please
Email to Dandre4@bellsouth.net
Dennis Andrews