



Catholic Church of Saint Monica

Funeral-Vigil-Interment Details

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

1. Funeral Mass or Service Details

Est. # people attending funeral: _____

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

- Liturgy
- Fr. Baker
- Kris
- Madeline
- Laurence
- Cyndy
- Ed

Funeral Mass with body / with cremains Day, Date _____, _____
 Livestream _____
 Memorial Mass no body or cremains 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 _____

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

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Dennis Andrews