Death and Burial

Information Sheet

Please fill out this form COMPLETELY and return it to the priest.

PLEASE PRINT CLEARLY

Name of Deceased _____

Residence of Deceased _____

Age of Deceased _____

Name of Parents or Wife/ Husband _____

Date of Death _____

List of Last Rite Sacraments Received _____

Name of Officiating Priest _____

Place and Date of Funeral _____

Place and Date of Burial _____

Remarks _____

Our Lady of Lourdes Mission

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