



# Archdiocese of St. Louis Funeral Sacristy Record

**Parish Name** \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Maiden Name (female) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Parishioner:  Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FUNERAL CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Contact Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact email: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Visitation: \_\_\_\_\_ Time: \_\_\_\_\_

Memorials made to: \_\_\_\_\_

Funeral location: \_\_\_\_\_

Date of Mass: \_\_\_\_\_ Time: \_\_\_\_\_  Casket  Urn  Memorial Mass

Burial location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Military Honors:  Yes  No Details: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date of Funeral: \_\_\_\_\_ Minister: \_\_\_\_\_

Date recorded in register: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Date recorded in PHOL: \_\_\_\_\_ Recorded By: \_\_\_\_\_