



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: _____

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