

St. Helen of the Cross Roman Catholic Church

205 W. 8th Street; Eloy, Arizona 85131; Phone # 520-466-7258 Fax #: 520-466-0486

FUNERAL INTAKE INFORMATION

Intake Date: _____ **Time:** _____ **By:** _____

All funeral arrangements must be made by the family through the funeral home with one of the priests.
Funerals should be scheduled at **10:30 a.m.** or other times approved by pastor....

Information of the Deceased

Name: _____ Sex of Deceased: M ___ F ___ Age at death _____

Current Address: _____

Date of Birth: _____ Date of Death: _____ Registered parishioner: Y N

Funeral Home: _____ Phone number: _____

Contact person at Funeral Home: _____

Family Contact Information:

Name of family contact: _____ Phone #: _____

Address: _____ City: _____ ST. _____ Zip: _____

Relationship to deceased: _____

Vigil Service (includes Rosary and scripture readings)

Date of Rosary: _____ Time: _____ Location: Church ___ Funeral Home ___

Date of Vigil : _____ Time: _____ Language: English ___ Spanish ___

Celebrant: Priest/Deacon: _____

Family Been Contacted by office: Yes ___ No ___ **** Please ask the celebrant about scheduling with the family...**

Christian Funeral

Date of Funeral Mass: _____ Time: _____ Celebrant: _____

Mass: ___ Memorial: ___ Body Present: ___ Cremation: Urn Present ___ Language: English ___ Spanish ___

Lectors: _____ and _____

Ushers: _____ Gift bearers: _____ and _____

Organist: _____ Family providing music: Y N

Date of Burial: _____ Cemetery: _____ Time: _____

Graveside Celebrant: _____

FOR OFFICE USE ONLY

Service confirmed by: _____ **Date:** _____

Stipend paid/Cash/Check #: _____ **#** _____ **Date Received:** _____

Recorded in Book #: _____ **Page #** _____ **Register #** _____

Date/Initial when Death Notification has been sent to DOT _____