

INFORMATION SHEET

Name of Deceased: _____
Date of Funeral: _____ Time : _____ Church: _____
Wake date: _____ Time: _____ Funeral home: _____
Family Contact: _____ Phone: _____
Email: _____

Liturgy of the Word

Please Choose an Old Testament and New Testament reading

Old Testament Reading: _____ Page(s) _____
Read by: _____ Relation Deceased: _____
NEW Testament Reading: _____ Page(s) _____
Read by: _____ Relation Deceased: _____

Special intentions Prayer of the Faithful: _____

Offertory Gifts - Name of person(s) presenting offertory gifts: _____
Relation to the Deceased: _____

Funeral Home: _____
FH Contact and Phone: _____

*This form must be sent to the Parish office 2 DAYS BEFORE FUNERAL
via Fax (845) 268-6790*

Parish of St. Paul and St. Ann, 82 Lake Rd. Congers, NY, 10920