

OUR LADY OF LAVANG CATHOLIC CHURCH

FUNERAL VIEWING DATE: _____

FUNERAL MASS DATE: _____

Deceased: _____ **AGE:** _____

Date of Birth _____ **Date of Death** _____

Next of Kin: _____ **Relationship:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mortuary: _____

Contact Person: _____ **Phone:** _____

Cremation Arrangements: _____ **No:** _____ **Cremaains present:** _____

- VIEWING DATE:

Place _____

Presider: _____

Choir: _____

- FUNERAL MASS DATE

Presider: _____

Choir: _____

- COMMITTAL:

-Cemetery _____

-Presider: _____