

St. Joseph Catholic Parish

Church address: 600 Galapago St. Denver, CO 80204

Mailing address: 623 Fox St. Denver CO 80204

Ph. 303 . 534 . 4408 Fax. 303.534.0177

www.stjosephc.com

Funeral planning Form

Today's date: _____

Name of the Deceased: _____ Age: _____

Date of Birth: _____ City, State and Country of Birth: _____

Date of Death: _____ City, State and Country of Death: _____

Name of the Father: _____ Name of the Mother: _____

Sacraments the deceased received: Baptism, First Communion & Confirmation, Marriage, Anointed by: _____

If Married, Name of the spouse: _____ Name of the Children: _____

Address: _____ City, State, ZC: _____

The Service will be include: (Please circle) Rosary & Mass Mass only Spanish English Bilingual

Date of the Service: _____ Time: _____ Body? or Ashes?

Name of the Celebrant: _____

Family member arranging the funeral: _____ Phone: _____

Name of the Funeral Home: _____ Phone: _____

Cemetery where will rest: _____ City & State: _____

Contact person from the funeral home: _____ Buried at cemetery: _____

Will the Hall be used for a reception? Yes No Form filled out by: _____

Notes: _____
