St. Helen of the Cross Roman Catholic Church

205 West 8th Street, Eloy, Arizona 85131
Phone: 520-466-7258 | Email: sthelenofthecrossoffice@gmail.com

FUNERAL INTAKE FORM

Funeral Home: _____ **Representative:** _____ **Phone#**_____

Funerals should be scheduled as follows, unless approved by the priest.

Preferred Scheduling: ***Summer Time-*** *Rosary at 9:30 AM, and Mass at 10:00 AM*
Winter Time*- Rosary at 10:00 AM & Mass at 10:30 AM.*
Days: Wednesday, Thursday, or Friday.

Today's Date: _____

INFORMATION OF THE DECEASED

Name: _____ **Gender:** ☐ **Male** ☐ **Female** **Age at death:** _____

Address:_____**City:**_____ **State**_____

Date of Birth:_____ **Date of Death:**_____ **Reason for Death:** _____

He/ She received the following Sacraments:

☐ Baptism ☐ First Holy Communion ☐ Confirmation ☐ Church Marriage ☐ Anointing

PRIMARY FAMILY CONTACT (PARENT, SPOUSE, OR NEXT OF KIN)

Name: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____

Relationship to the Deceased: _____

VIGIL SERVICES

Rosary Date: _____ Time: _____ **Lead by:** Family ____ Church Rosarian ____

Language: ☐ English ☐ Spanish

FUNERAL MASS

☐ **Body present** ☐ **Ashes** ☐ **No Body or Ashes**

Date: _____ **Time:** _____ **Celebrant (Priest Name):** _____

Lector (Reader): Family _____ Church Lector _____ **Language:** ☐ English ☐ Spanish

Is the family providing Music? ☐ Yes ☐ No

Musician Name: _____ Telephone Number: _____

Burial Date: _____ **Time:** _____ **Cemetery:** _____

Place of Burial: _____ **Graveside Celebrant:** _____

******* FOR OFFICE USE ONLY ******

Family contacted? Y: ___ **N** ___ **Services confirmed by:** _____ **Date:** _____

Recorded in Death Register: Book Number: _____ **Page Number:** _____ **Register Number:** _____

Stipend: $_____ **Type of payment:** _____ **Date of Payment:** _____ **Receipt #** _____

PAYMENT IS DUE AT THE TIME OF SERVICE AND MUST BE MADE BY THE MORTUARY ONLY