

**St. Raymond of Peñafort
Catholic Church**



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FUNERAL REQUEST

DATE: _____ TIME: _____ TAKEN BY: _____

FUNERAL SERVICES FOR:

NAME: _____ AGE: _____

ADDRESS: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

MEMBER OF THE PARISH: Yes [] No [] Parishioner Number: _____

NEXT OF KIN:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE CONTACT: _____ EMAIL: _____

FUNERAL HOME:

ADDRESS: _____

NAME OF CONTACT: _____

TELEPHONE CONTACT: _____ EMAIL: _____

ROSARY/WAKE: DATE: _____ TIME: _____ English [] Spanish []
PRIEST: _____

FUNERAL MASS: DATE: _____ TIME: _____ English [] Spanish []
PRIEST: _____

GRAVESIDE: DATE: _____ TIME: _____ English [] Spanish []
PRIEST: _____

CEMETERY: _____

(Include plot or niche number): _____

FOR OFFICE USE ONLY:

Reservation recorded in Logbook: Date/ Initials: _____

Reconfirmation call made: Date/ Initials: _____