

Funeral Wishes

Members of St. Aloysius Catholic Church are encouraged to complete this information and return it to the church office to be kept on file. Any time your personal situation or feelings change on any of these matters, please let the church know. All efforts will be made to honor your requests in consultation with your family at the time of your death.

Information of (Name) _____

___ I prefer a Funeral Mass at the church followed by burial or inurnment.

___ I prefer a Funeral Liturgy outside of Mass *at the church* followed by burial or inurnment.

___ I prefer a Funeral Liturgy outside of Mass *at the Funeral Home* followed by a private burial or inurnment.

___ I prefer a vigil (wake) at the *funeral home*, or at *the church*, or at the *family residence*. (Please circle one)

The vigil liturgy can be either *a rosary* or a *prayer service*. Circle one.

___ I prefer a private burial or inurnment for my family only.

What is your preference for the disposition of your body at the time of your death?

___ traditional burial ___ cremation* ___ donation to medical science

* *the Church prefers the body be present at the funeral mass before cremation*

If you have willed your body or organs to medical science, where may necessary documents be located?

What funeral home would you prefer? _____

Have you already made arrangements at the funeral home? _____

Where is your family burial plot or niche located, if any? _____

If burial of body, which do you prefer: _____ Mausoleum _____ Ground Burial?

Do you need information about our Columbarium? ___ yes ___ no

If cremation, what type of disposition? _____ Burial of cremains _____ Niche

Would your family want a receiving time after the service in Holy Family Hall with a meal? (Limited to a total of 25 family members or friends). _____

If you prefer memorial gifts, to what causes should they be designated?

___ St. Aloysius offertory

___ St. Aloysius Catholic Church Endowment Fund

___ a specific charity (please specify _____)

___ the donor's choice _____

Other comments:

Signature: _____ **Address** _____

Date: _____ **Phone number** _____